

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **July 1-15, 2004**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED May 4, 2004	Applicant Identifier Casas del Valle	
<input checked="" type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: Housing Authority of the County of Kern		Organizational Unit: Department:		
Organizational DUNS: 0779790128		Division:		
Address: Street: 601 24th Street		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Bakersfield		Prefix: Mr.	First Name: Mark	
County: Kern		Middle Name A.		
State: CA		Last Name Smith		
Zip Code 93301		Suffix:		
Country: USA		Email: msmith@kernha.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6001629		Phone Number (give area code) (661) 631-8500		Fax Number (give area code) (661) 631-9500
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify) N: Public Housing Agency		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-405 TITLE (Name of Program): Farm Labor Housing Loan and Grant Program		9. NAME OF FEDERAL AGENCY: United States Department of Agriculture		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Delano, Kern County, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Casas del Valle, Application for Funding		
13. PROPOSED PROJECT Start Date: 12/2004 Ending Date: 12/2005		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 20th and 22nd b. Project 20th		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal USDA		a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant		DATE:		
c. State		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other Tax Credits		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Authorized Representative				
Prefix Mr.		First Name William		Middle Name L.
Last Name Carter		Suffix		
b. Title Executive Director		c. Telephone Number (give area code) (661) 631-8500		
d. Signature of Authorized Representative		e. Date Signed 5-3-04		

CITY

Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED July 14, 2004		Applicant Identifier #04-550	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION			Organizational Unit:		
Legal Name: City of Sacramento			Department: Department of Utilities		
Organizational DUNS: 144508368			Division: Engineering Services		
Address: Street: 1395 35th Ave.			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Richard		
City: Sacramento			Middle Name Scott		
County: Sacramento			Last Name Batha		
State: California		Zip Code 95822	Suffix:		
Country: United States			Email: rbatha@cityofsacramento.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000410			Phone Number (give area code) (916) 808-1448		Fax Number (give area code) (916) 808-1497
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> A <input type="checkbox"/>			7. TYPE OF APPLICANT: (See back of form for Application Types) "C" Municipality Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 68-606			9. NAME OF FEDERAL AGENCY: Environmental Protection Agency, (Loretta Vanegas)		
TITLE (Name of Program): Surveys, Studies, Investigations, & Special Purpose Grants			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Improvement and rehabilitation of City's Combined Sewer System to relieve flooding, improve river water quality, and protect public health. This is an application for amendment #2 to increase federal funding for Grant ID# 98960401-1 by \$867,300.00. Existing grant amendment #1 total budget is \$8,869,454. Revised total will be \$10,448,363.		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Sacramento, California			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 5th b. Project 5th		
13. PROPOSED PROJECT Start Date: September 8, 2004 Ending Date: October 15, 2005			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: July 14, 2004 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
15. ESTIMATED FUNDING: a. Federal \$ 867,300 b. Applicant \$ 709,609 c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 1,576,909			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative Prefix Mr. First Name Robert Middle Name P. Last Name Thomas Suffix b. Title City Manager c. Telephone Number (give area code) (916) 808-5704 d. Signature of Authorized Representative e. Date Signed 7/14/2004					

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JUL 15 2004

STATE CLEARING HOUSE

Standard Form 424 (Rev. 9-2003)
Prescribed by OMB Circular A-102

TOTAL P.02

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 7/15/04	Applicant Identifier	
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: Community Vision Economic Development		Organizational Unit: Department:		
Organizational DUNS: 145695768		Division:		
Address: Street: 642 Vista Village Drive		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Jerrol		
City: Vista		Middle Name Anthony		
Country: San Diego		Last Name Pope		
State: California		Suffix:		
Zip Code 92084		Email: jerrolpope@hotmail.com		
Country:		Phone Number (give area code) 760-579-1214		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 73-1679261		Fax Number (give area code) 760-945-1114		
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) O- Non Profit Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93-570 TITLE (Name of Program): Community Service Block Grant, CED Grant Program 1, Area: Planning Projects		9. NAME OF FEDERAL AGENCY: ACF-HHS		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Vista, San Diego County, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Housing Rehabilitation Construction Employment		
13. PROPOSED PROJECT Start Date: 10/1/04		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 49		
Ending Date: 9/30/05		b. Project 49		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 48,111	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 7/15/04		
b. Applicant	\$ 73,712	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$ 25,000	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$			
g. TOTAL	\$ 146,823			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix Mr.		First Name Jerrol		Middle Name Anthony
Last Name Pope				Suffix
b. Title Executive Director		c. Telephone Number (give area code) 760-579-1214		
d. Signature of Authorized Representative		e. Date Signed		

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Prescribed by OMB Circular A-102

JUL 15 2004

STATE CLEARING HOUSE

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED July 13, 2004		Applicant Identifier	
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION Legal Name: Community Housing Improvement Program, Inc.		Organizational Unit: N/A	
Address (give city, county, State, and zip code): 1001 Willow Street Chico, CA 95928		Name and telephone number of person to be contacted on matters involving this application (give area code) Imelda Michel (530) 891-6931	

6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 4 — 2 2 2 3 3 9 8 </div>		7. TYPE OF APPLICANT: (enter appropriate letter in box) N	
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) <div style="display: flex; justify-content: space-between; font-size: small;"> <div>A. Increase Award D. Decrease Duration</div> <div>B. Decrease Award Other(specify):</div> <div>C. Increase Duration</div> </div>		<div style="display: flex; justify-content: space-between; font-size: small;"> <div>A. State C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District</div> <div>H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Non-Profit Corp.</u></div> </div>	

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1 0 — 4 2 0 </div> TITLE: Rural Self-Help Housing Technical Assistance		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: New application for funding of Rural Self-Help Housing Technical Assistance for the building of an estimated 100 equivalent units in the two year period 2004-2006.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Butte County, Glenn County, Tehama County, Shasta County, CA			

13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date	Ending Date	a. Applicant	b. Project
12/16/04	12/15/06	2nd CD California	2nd CD California

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 2,300,000 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 07/15/04 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ ⁰⁰		
c. State	\$ ⁰⁰		
d. Local	\$ ⁰⁰		
e. Other	\$ ⁰⁰		
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 2,300,000 ⁰⁰		

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation.		<input checked="" type="checkbox"/> No	
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18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative David Ferrier		b. Title Executive Director		c. Telephone Number (530) 891-6931	
d. Signature of Authorized Representative		e. Date Signed		7/13/2004	

DOT



FTA

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

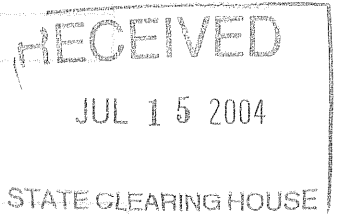
Recipient ID:	5566
Recipient Name:	LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY
Project ID:	CA-03-0694
Budget Number:	1 - Budget Pending Approval
Project Information:	Subgrantee transit vehicles

Part 1: Recipient Information

Project Number:	CA-03-0694
Recipient ID:	5566
Recipient Name:	LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY
Address:	ONE GATEWAY PLAZA , LOS ANGELES, CA 90012 2932
Telephone:	(213) 922-2459
Facsimile:	(213) 922-2476

Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$580,000
Project Number:	CA-03-0694	Adjustment Amt:	\$0
Project Description:	Subgrantee transit vehicles	Total Eligible Cost:	\$580,000
Recipient Type:	Transit Authority	Total FTA Amt:	\$396,012
FTA Project Mgr:	Ray Tellis - 213.202.3956	Total State Amt:	\$0
Recipient Contact:	Steve Henley - 213.922.3093	Total Local Amt:	\$183,988
New/Amendment:	None Specified	Other Federal Amt:	\$0
Amend Reason:	Initial Application	Special Cond Amt:	\$0
Fed Dom Asst. #:	20500	Special Condition:	None Specified
Sec. of Statute:	5309	S.C. Tgt. Date:	None Specified
State Appl. ID:	None Specified	S.C. Eff. Date:	None Specified
Start/End Date:	Jul. 01, 2003 - Dec. 31, 2004	Est. Oblig Date:	30-Sep-2004
Recvd. By State:		Pre-Award Authority?:	Yes
EO 12372 Rev:	YES	Fed. Debt	
Review Date:	Jul. 13, 2004		
Planning Grant?:	NO		



Program Date (STIP/UPWP/FTA Prm Plan) :	Oct. 04, 2002	Authority?:	No
		Final Budget?:	No
Program Page:	47		
Application Type:	Electronic		
Supp. Agreement?:	No		
Debt. Delinq. Details:			

Urbanized Areas

UZA ID	UZA Name
60020	LOS ANGELES--LONG BEACH--SANTA ANA, CA

Congressional Districts

State ID	District Code	District Official
6	29	Adam B Schiff

Project Details

The Los Angeles County Metropolitan Transportation Authority (MTA) hereby submits grant application number CA-03-0694 for requesting federal assistance in the amount of \$396,012 in Section 5309 Bus Capital funds on behalf of the City of Pasadena. The funds being requested consist of a Fiscal Year 2002 Congressional Earmark for the purchase of two alternative fuel expansion vehicles, with MTA serving as the pass-through grantee for said funds.

The funds are programmed in the currently approved FTIP.

A copy of this application has been submitted to the State Office of Planning and Research and to the Southern California Association of Governments for their review and comment.

Proposition A & C Local Return funds are being used to match the federal funds. These funds are in the approved budget of the City.

The required FY2004 FTA Certifications and Assurances have been filed eletronicly in TEAM.

A thorough review has been made of the Department of Labor's application checklist. All applicable information required by said checklist is present within this application.

SUBRECIPIENT INFORMATION

CITY OF PASADENA
100 N. GARFIELD AVENUE
PASADENA, CA 91109
(626) 744-3725 FAX (626) 744-4757

Project Manager Catherine Cole

The City of Pasadena is geographically located approximately ten (10) miles northeast of downtown Los Angeles within the San Gabriel Valley, Los Angeles County, State of California. The city is bordered to the by an unincorporated area of Los Angeles County commonly known as Altadena, to the east by the cities of Sierra Madre and Arcadia, to the south by the cities of San Marino and South Pasadena, and to the west by the cities of Los Angeles, Glendale and La Canada-Flintridge.

Pasadena operates a fixed-route, local circulator system known as the Pasadena Area Rapid Transit (ARTS) generally within its own jurisdiction. ARTS is a transit service designed to provide convenient public transportation between many of the city's

residential neighborhoods and retail, business and entertainment centers.

The City currently operates five routes, with the vehicles being purchased under this application being used, in conjunction with others, to initiate two new expansion routes, bringing the system total to seven (7) routes. ARTS generally operates between the hours of 7:00 a.m. to 8:00 p.m. Monday through Friday, from 11:00 a.m. to 8:00 p.m. on Saturday, and from 11:00 a.m. to 5:00 p.m. on Sunday. Current fares are \$0.50 for adults, \$0.25 for youths (K-12), and \$0.25 for Seniors (60 and over) and Disabled.

The two expansion vehicles to be acquired under this grant will be used to expand the system to provide connections to the Metro Light Rail Gold Line stations on two new routes. One route (Route 50) will provide service all day, the other (Route 60) will provide service during peak hours only. Copies of both routes and their time tables may be found as an attachment to this application.

SUBRECIPIENT TRANSIT PROVIDER INFORMATION

COACH USA
12276 FOOTHILL BOULEVARD
SYLMAR, CA 91342
(818) 838-0648 FAX (818) 838-3043

Project Manager Gus Becerra

Part 3: Budget

Project Budget

	Quantity	FTA Amount	Tot. Elig. Cost
SCOPE			
111-00 BUS - ROLLING STOCK	2	\$396,012	\$580,000
ACTIVITY			
11.13.04 LA0D99 PASADENA BUY <30-FT BUS FOR EXPANSION	2	\$396,012	\$580,000
Estimated Total Eligible Cost:			\$580,000
Federal Share:			\$396,012
Local Share:			\$183,988

Extended Budget Descriptions

11.13.04	LA0D99 PASADENA BUY <30-FT BUS FOR EXPANSION	2	\$396,012	\$580,000
<p>The \$396,012 in Section 5309 funds contained within this grant application will be used to acquire two (2) expansion, 28-foot, 22-passenger, handicapped accessible, hybrid electric transit vehicles. The vehicles will be medium-sized, medium-duty transit vehicles with a service life of 7 years or 200,000 miles.</p> <p>The project will occur within Congressional District 29; District Official, Adam B. Schiff.</p>				

Part 4. Milestones

11.13.04	LA0D99 PASADENA BUY <30-FT BUS FOR EXPANSION	2	\$396,012	\$580,000
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	<u>Milestone Description</u>	<u>Est. Comp. Date</u>
1.	RFP/IFB OUT FOR BID	Jul. 01, 2003
2.	CONTRACT AWARDED	Sep. 30, 2003
3.	FIRST VEHICLE DELIVERED	Mar. 01, 2004
4.	ALL VEHICLES DELIVERED	Mar. 01, 2004
5.	CONTRACT COMPLETE	Dec. 31, 2004

Part 5. Environmental Findings

111304 LA0D99 PASADENA BUY <30-FT
BUS FOR EXPANSION

2

\$396,012

\$580,000

Finding No. 1 - Class II(c)

C17 - Purchase of vehicles

The purchase of vehicles by the applicant where the use of these vehicles can be accommodated by existing facilities or by new facilities which themselves are within a CE.

MAY 14 2004


 # 05-2004-067
 Approved 6/24/04
 OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION			
Legal Name Orange Cove Rural Fire Protection District of Fresno & Tulare Counties		Organizational Unit: Fire Department	
Address (give city, county, State, and zip code): 550 Center Street Orange Cove, California 93646		Name and telephone number of person to be contacted on matters involving this application (give area code) Chief Robert Terry (559) 626-7758	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 944-6035403		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input type="checkbox"/> A. State <input type="checkbox"/> B. County <input type="checkbox"/> C. Municipal <input type="checkbox"/> D. Township <input type="checkbox"/> E. Interstate <input type="checkbox"/> F. Intermunicipal <input type="checkbox"/> G. Special District <input checked="" type="checkbox"/> H. Independent School Dist. <input type="checkbox"/> I. State Controlled Institution of Higher Learning <input type="checkbox"/> J. Private University <input type="checkbox"/> K. Indian Tribe <input type="checkbox"/> L. Individual <input type="checkbox"/> M. Profit Organization <input type="checkbox"/> N. Other (Specify) _____	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: United States Department of Agriculture	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Water Tender/Tanker Fire Truck for Urban / Rural fire protection.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Entire City of Orange Cove, portions of rural Fresno & Tulare Counties		13. PROPOSED PROJECT Fire Truck	
14. CONGRESSIONAL DISTRICTS OF: David Nunez 21st., Cal Dooley 20th., George Radanovich 19th.		15. ESTIMATED FUNDING:	
Start Date	Ending Date	a. Applicant	b. Project
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____	
b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Robert W. Terry		b. Title Fire Chief	
c. Telephone Number (559) 626-7758		e. Date Signed May 11th, 2004	
d. Signature of Authorized Representative <i>Robert W. Terry</i>			

RCH
#30405-2004-068
Approved 4/24/04

OMB Approval No. 0348-0043

APPLICATION FOR
FEDERAL ASSISTANCE

1. DATE OF SUBMISSION:		2. DATE SUBMITTED May 6, 2004	Applicant Identifier
Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Housing Authority of the County of Fresno		Organizational Unit:	
Address (give city, county, State, and zip code): 1331 Fulton Mall, P.O. Box 11985 Fresno, CA 93776		Name and telephone number of person to be contacted on matters involving this application (give area code) Edward L. Stacy 559-443-8475	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0301242		7. TYPE OF APPLICANT: (enter appropriate letter in box) N	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) Local Housing Authority	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-405		9. NAME OF FEDERAL AGENCY: United States Department of Agriculture	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): County		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Rehabilitation and upgrade of existing migrant housing units to accommodate year-round occupancy by farm labor families.	
13. PROPOSED PROJECT Rehab/upgrade units		14. CONGRESSIONAL DISTRICTS OF: U.S. Dist. 20, CA Dist. 16	
Start Date 10/04	Ending Date 11/05	a. Applicant Housing Auth. of Co. of Fresno	b. Project Maldonado Plaza, Firebaugh, CA
15. ESTIMATED FUNDING: \$3,000,000		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal USDA 514	\$ 1,000,000	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE	
b. Applicant	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State JSerna Fwkr Hsng Gr	\$ 2,000,000	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 3,000,000		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE APPLICANT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Edward L. Stacy		b. Title Executive Director	c. Telephone Number 559-443-8475
d. Signature of Authorized Representative Edward L. Stacy		e. Date Signed 5.4.04	

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED

Applicant Identifier

1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION	
Legal Name: Southern California Regional Rail Authority	Organizational Unit: Department: Equipment Division:
Organizational DUNS: 836140475	Name and telephone number of person to be contacted on matters involving this application (give area code)
Address: Street: 700 South Flower, Suite 2600	Prefix: Ms First Name: Joanna
City: Los Angeles	Middle Name: Starr
County: Los Angeles	Last Name: Capelle
State: California	Suffix:
Zip Code: 90017	Email: capellej@scrta.net
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-4351663	Phone Number (give area code) (213) 452-0209 Fax Number (give area code) (213) 452-0421
8. TYPE OF APPLICATION: X New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) <input type="checkbox"/> <input type="checkbox"/> Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) N Other (specify) Joint Powers Authority
10 CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-034 TITLE (Name of Program): Voluntary Diesel Retrofit Program Technology Demonstration Assistance Agreements to Benefit Sensitive Populations	9. NAME OF FEDERAL AGENCY: EPA
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc): The Southern California Region in Los Angeles, Orange, Riverside, San Bernardino, Ventura and Northern San Diego Counties.	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Test Emissions Reductions Technologies on the Head End Power Units in three Metrolink diesel locomotives. SCRRA will retrofit Head End Power Units in two Metrolink Locomotives with particulate matter and oxides of nitrogen filters with anticipated reduction in particulate matter emissions of 85% and oxides of nitrogen emissions of 25% and retrofit the Head End Power Unit in one Locomotive with a Low Emission Tier II GenSet with anticipated reduction in particulate matter emissions of 50% and oxides of nitrogen of 50%.
13. PROPOSED PROJECT: Test Emissions Reductions Technologies on the Head End Power Units in Metrolink diesel locomotives	14. CONGRESSIONAL DISTRICTS OF: 22-34,38-40,42-44,47-49
Start Date: 11/04 Ending Date: 10/05	a. Applicant 22-34,38-40,42-44,47-49 b. Project 22-34,38-40,42-44,47-49
15. ESTIMATED FUNDING: \$150,000	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? No
a. Federal \$150,000 b. Applicant \$ c. State \$ d. Local \$20,800 e. Other \$ f. Program Income \$ g. TOTAL \$170,800	a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 7/1/04 b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

RECEIVED

JUL 14 2004

STATE CLEARING HOUSE

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative		
Prefix Mr.	First Name David	Middle Name Rand
Last Name Solow		Suffix
b. Title Chief Executive Officer		c. Telephone Number (give area code) (213) 452-0273
d. Signature of Authorized Representative		e. Date Signed 6/30/04

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier
5. APPLICANT INFORMATION		3. DATE RECEIVED BY STATE	State Application Identifier
Legal Name: American Baptist Homes of the West		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
Organizational DUNS: 07-169-1307		Organizational Unit: Department:	
Address: Street: 6120 Stoneridge Mall Road 3rd Floor		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Pleasanton		Prefix:	First Name: Kevin
County: Alameda		Middle Name	
State: CA Zip Code 94588		Last Name Knudtson	
Country: USA		Suffix:	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1225374		Email: kkudtson@communityeconomics.org	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		Phone Number (give area code) (510) 832-8300 x301	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 14-157		Fax Number (give area code) (510) 832-2227	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): South Lake Tahoe, CA, El Dorado County		7. TYPE OF APPLICANT: (See back of form for Application Types) O - Not for Profit Other (specify)	
13. PROPOSED PROJECT Start Date: Ending Date:		9. NAME OF FEDERAL AGENCY: U.S. Department of Housing & Urban Development	
15. ESTIMATED FUNDING:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Section 202 Supportive Housing for the Elderly	
a. Federal \$ 3,486,100.00	<div style="border: 2px solid black; padding: 5px; transform: rotate(-5deg); display: inline-block;"> RECEIVED JUL 14 2004 STATE CLEARING HOUSE </div>		
b. Applicant \$			
c. State \$			
d. Local \$ 3,405,000.00			
e. Other \$			
f. Program Income \$	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 4 b. Project 4		
g. TOTAL \$ 6,901,100.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 7/12/04 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix	First Name David	Middle Name B.	
Last Name Ferguson		Suffix	
b. Title President, ABHOW		c. Telephone Number (give area code) (925) 924-7113	
d. Signature of Authorized Representative <i>David Ferguson</i>		e. Date Signed 7/9/04	

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address

Legal Name: NEIGHBORHOOD YOUTH ASSOCIATIONAddress: 3877 GRANDVIEW BOULEVARD

Organizational Unit

PERSONAL BEST MAR VISTALOS ANGELES
CityCA
StateLOS ANGELES
County90066 - 4414
ZIP Code + 4

2. Applicant's D-U-N-S Number

0 7 7 2 6 4 9 1 9

3. Applicant's T-I-N

9 5 - 1 6 9 1 2 9 7

4. Catalog of Federal Domestic Assistance #:

8 4 1 8 4 bTitle: PERSONAL BEST MENTORING PROGRAM

5. Project Director: VENDELLA BARNETT

Address: 3877 GRANDVIEW BOULEVARDLOS ANGELES
CityCA
State90066 - 4414
ZIP Code + 4Tel. #: (310) 664-8893Fax #: (310) 391-1948E-Mail Address: vbarnett@nyayouth.org

6. Novice Applicant

☒ Yes ☐ No

7. Is the applicant delinquent on any Federal debt?

☐ Yes ☒ No

(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.)

I

A State

G Public College or University

B Local

H Private, Non-Profit College or University

C Special District

I Non-Profit Organization

D Indian Tribe

J Private, Profit-Making Organization

E Individual

K Other (Specify):

F Independent School
District

Application Information

9. Type of Submission:

☐ PreApplication☐ Application☐ Construction☐ Construction☐ Non-Construction☒ Non-Construction

10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372
process for review): 7/7/2004☐ No (If "No," check appropriate box below.)☐ Program is not covered by E.O. 12372.☐ Program has not been selected by State for review.

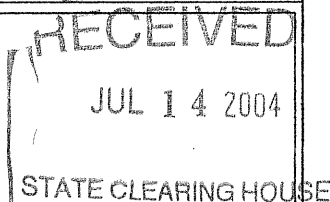
12. Are any research activities involving human subjects planned at any time during the proposed project period?

☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

☐ Yes (Provide Exemption(s) #):☐ No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

Personal Best Mentoring Program

11. Proposed Project Dates:

Start Date:
10/1/2004End Date:
9/30/2007

Estimated Funding

14a. Federal	\$	162,412.00
b. Applicant	\$	.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	162,412.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

VENDELLA BARNETT

b. Title

Executive Directorc. Tel. #: (310) 664-8893Fax #: (310) 391-1948d. E-Mail Address: vbarnett@nyayouth.orge. Signature of Authorized Representative
Vendella BarnettDate: 7-7-04

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address

Legal Name: NEIGHBORHOOD YOUTH ASSOCIATIONAddress: 3877 GRANDVIEW BOULEVARD

Organizational Unit

PERSONAL BEST MAR VISTALOS ANGELES
CityCA
StateLOS ANGELES
County90066 - 4414
ZIP Code + 4

2. Applicant's D-U-N-S Number

0 7 7 2 6 4 9 1 9

6. Novice Applicant ☒ Yes ☐ No

3. Applicant's T-I-N

9 5 - 1 6 9 1 2 9 7

7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No (If "Yes," attach an explanation.)

4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4 b

Title: PERSONAL BEST MENTORING PROGRAM

8. Type of Applicant (Enter appropriate letter in the box.) I

5. Project Director: VENDELLA BARNETT

Address: 3877 GRANDVIEW BOULEVARDLOS ANGELES
CityCA
State90066 - 4414
ZIP Code + 4Tel. #: (310) 664-8893Fax #: (310) 391-1948E-Mail Address: vbarnett@nyayouth.org

A State

B Local

C Special District

D Indian Tribe

E Individual

F Independent School
District

G Public College or University

H Private, Non-Profit College or University

I Non-Profit Organization

J Private, Profit-Making Organization

K Other (Specify):

Application Information

9. Type of Submission:

—PreApplication

—Application

☐

Construction

☐

Construction

☐

Non-Construction

☒

Non-Construction

10. Is application subject to review by Executive Order 12372 process?

☒Yes (Date made available to the Executive Order 12372
process for review): 7/7/2004☐

No (If "No," check appropriate box below.)

☐

Program is not covered by E.O. 12372.

☐

Program has not been selected by State for review.

12. Are any research activities involving human subjects planned at any time during the proposed project period?

☐

Yes (Go to 12a.)

☒

No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

☐

Yes (Provide Exemption(s) #):

☐

No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

Personal Best Mentoring Program

11. Proposed Project Dates:

Start Date:
10/1/2004End Date:
9/30/2007

Estimated Funding

14a. Federal	\$	162,412.00
b. Applicant	\$	.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	162,412.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

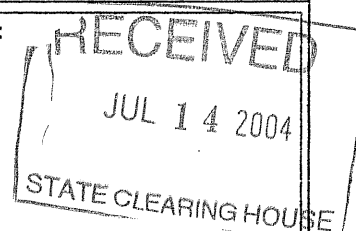
a. Authorized Representative (Please type or print name clearly.)

VENDELLA BARNETT

b. Title

Executive Directorc. Tel. #: (310) 664-8893Fax #: (310) 391-1948d. E-Mail Address: vbarnett@nyayouth.org

e. Signature of Authorized Representative

Vendella BarnettDate: 7-7-04

APPLICATION FOR
FEDERAL ASSISTANCE2. DATE SUBMITTED
July 13, 2004Applicant Identifier
04-547

1. TYPE OF SUBMISSION

Application

Preapplication

3. DATE RECEIVED BY STATE

State Application Identifier

☐ Construction☐ Construction☒ Non-Construction☒ Non-Construction

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Global Green USA

Organizational Unit:

Address (give city, county, state, and zip code):

2218 Main Street, 2nd
Santa Monica, CA 90405Name and telephone number of the person to be contacted on matters involving
this application (give area code)Mr. Walker Wells
(310) 581-2700 x103

3. EMPLOYER IDENTIFICATION (EIN):

77-0387124

7. TYPE OF APPLICANT: (enter appropriate letter here): N

- | | |
|---------------------|--|
| A. State | H. Independent School District |
| B. County | I. State Controlled Institution of Higher Learning |
| C. Municipal | J. Private University |
| D. Township | K. Indian Tribe |
| E. Interstate | L. Individual |
| F. Intermunicipal | M. Profit Organization |
| G. Special District | N. Other (Specify): <u>Non-Profit Org.</u> |

3. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ RevisionIf Revision, enter appropriate letter(s) in box(es): ☐ ☐

- | | |
|----------------------|----------------------|
| A. Increase Award | B. Decrease Award |
| C. Increase Duration | D. Decrease Duration |
| Other Specify: | |

9. NAME OF FEDERAL AGENCY: EPA

10. CATALOG OF FEDERAL

DOMESTIC ASSISTANCE NUMBER: 66.808

TITLE: Resource Conservation (Solid Waste)

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Greening of affordable housing in EPA Region 9 Tribal
Lands

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

EPA Region 9

13. PROPOSED PROJECT:

Start Date
3/15/04End Date
8/14/05

14. CONGRESSIONAL DISTRICT OF:

a. Applicant:
Waxmanb. Project
Multiple

15. Estimated Funding:

1. Federal \$40,000

2. Applicant \$

3. State \$

4. Local \$

5. Other \$

6. Program Income \$

7. TOTAL \$ 40,000.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER
12372 PROCESS?a. ☒ YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE
TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON

DATE _____

b. NO.

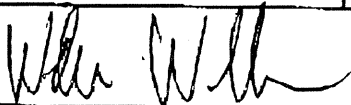
OR PROGRAM IS NOT COVERED BY E.O. 12372

OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation.☒ No

15. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DU
AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS
AWARDED.

a. Typed Name of Authorized Representative, Walker Wells	b. Title: RESCUE Program Director	c. Telephone Number 310-581-2700 x103
d. Signature of Authorized Representative 		e. Date Signed 7/14/04

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input checked="" type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Retirement Housing Foundation		Organizational Unit: Department:	
Organizational DUNS: 050819952		Division:	
Address: Street: 911 N. Studebaker Road		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Long Beach		Prefix: Mr.	First Name: Richard
County: Los Angeles		Middle Name Thomas	
State: California		Last Name Washington	
Zip Code 90815-4900	Suffix:		
Country: USA		Email: richard.washington@rhf.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-2249495		Phone Number (give area code) 562-257-5100	Fax Number (give area code) 562-493-7042
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) O. Not for profit organization Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 14-157		9. NAME OF FEDERAL AGENCY: U.S. Dept. of Housing and Urban Development	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Los Angeles, Los Angeles County, state of California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Mayflower Gardens III - New construction of low-income senior rental housing, community space, and parking.	
13. PROPOSED PROJECT Start Date: 07/01/2005 Ending Date: 12/31/2006		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 46th b. Project 25th	
15. ESTIMATED FUNDING: a. Federal \$ 9,359,730.00 b. Applicant \$ 25,000.00 c. State \$ 500,000.00 d. Local County of Los Angeles \$ 500,000.00 e. Other \$.00 f. Program Income \$.00 g. TOTAL \$ 9,884,730.00		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: July 15, 2004 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Authorized Representative			
Prefix Mr.	First Name John	Middle Name H.	
Last Name von Rusten		Suffix	
b. Title CFO/VP		c. Telephone Number (give area code) 562-257-5100	
d. Signature of Authorized Representative		e. Date Signed 07/07/2004	

Previous Edition Usable
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Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

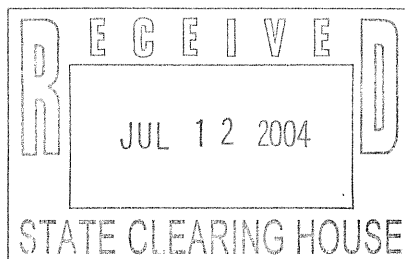
1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 6/28/2004	Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
Legal Name: Menorah Housing Foundation		Organizational Unit: Department: Menorah Housing Foundation		
Organizational DUNS: 94-690-5304		Division: N/A		
Address: Street: 1618 Cotner Avenue City: Los Angeles County: Los Angeles State: California Zip Code: 90025		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Anne Middle Name: Last Name: Friedrich Suffix: Email: afriedrich@menorahhousing.org Phone Number (give area code): (310) 477-4942 x. 26 Fax Number (give area code): (310) 477-5307		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 23-7103775		7. TYPE OF APPLICANT: (See back of form for Application Types) <input type="radio"/> Not for Profit Organization Other (specify):		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify):		9. NAME OF FEDERAL AGENCY: U.S. Department of Housing and Urban Development		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Section 202 Supportive Housing for the Elderly 14-157		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Parthenia Street Senior Housing 77 Units of Section 202 Subsidized Housing for Very Low Income Elderly		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Los Angeles		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 30th b. Project 27th		
13. PROPOSED PROJECT Start Date: 1/1/05 Ending Date: 6/30/06		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: June 28, 2004 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
15. ESTIMATED FUNDING:		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
a. Federal 202 Capital Advance \$ 9,608,606.00		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
b. Applicant \$ 10,000.00				
c. State \$.00				
d. Local \$ 1,281,627.00				
e. Other \$.00				
f. Program Income 202 PRAC \$ 1,422,720.00		c. Telephone Number (give area code) (310) 477-4942 x. 26		
g. TOTAL \$ 12,322,953.00		e. Date Signed 6/28/04		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative Prefix: Ms. Last Name: Friedrich b. Title: President c. Signature of Authorized Representative: <i>Anne Friedrich</i>		Middle Name: Suffix: d. Signature of Authorized Representative: <i>Anne Friedrich</i>		

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JUL 12 2004

STATE CLEARING HOUSE

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED <u>7/10/04</u>		Applicant Identifier	
1. TYPE OF SUBMISSION: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Pre-application		3. DATE RECEIVED BY STATE <u>N/A</u>		State Application Identifier	
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: <u>SACRAMENTO HOUSING AND REDEVELOPMENT AGENCY</u>		Organizational Unit: Department: <u>DEVELOPMENT SERVICES</u>			
Organizational DUNS: <u>007973530</u>		Division:			
Address: Street: <u>630 I STREET</u>		Name and telephone number of person to be contacted on matters involving this application (give area code)			
City: <u>SACRAMENTO</u>		Prefix: <u>MR.</u>		First Name: <u>JIM</u>	
County: <u>SACRAMENTO</u>		Middle Name:			
State: <u>CA</u>		Last Name: <u>HARE</u>			
Zip Code: <u>95814</u>		Suffix:			
Country: <u>USA</u>		Email: <u>jhare@shra.org</u>			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <u>94-3000759</u>		Phone Number (give area code): <u>916.440-1313</u>		Fax Number (give area code): <u>916.442-6736</u>	
7. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify):		7. TYPE OF APPLICANT: (See back of form for Application Types) <u>N.</u> Other (specify): <u>REDEVELOPMENT AGENCY</u>			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): <u>BROWNFIELD ECONOMIC DEVELOPMENT INITIATIVE</u>		8. NAME OF FEDERAL AGENCY: <u>HUD</u>			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <u>SACRAMENTO SACRAMENTO COUNTY, CALIFORNIA</u>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <u>GLOBE MILLS ADAPTIVE REUSE PROJECT</u>			
13. PROPOSED PROJECT Start Date: <u>FEB. 2005</u> Ending Date: <u>DEC. 2007</u>		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: <u>3rd, 5th, 11th</u> b. Project: <u>5th</u>			
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal \$ <u>7,500,000</u>		a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: <u>7/12/2004</u>			
b. Applicant \$ <u>3,160,000</u>		b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372			
c. State \$		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
d. Local (HOME) \$ <u>1,000,000</u>		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
e. Other \$ <u>13,116,314</u>		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No			
f. Program Income (DDG) \$ <u>450,000</u>					
g. TOTAL \$ <u>25,227,093</u>					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN ONLY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix: <u>NB</u>		First Name: <u>ANNE</u>		Middle Name: <u>M</u>	
Last Name: <u>MOORE</u>				Suffix:	
b. Title: <u>EXECUTIVE DIRECTOR</u>				c. Telephone Number (give area code): <u>916.440-1313</u>	
d. Signature of Authorized Representative: <u>[Signature]</u>				e. Date Signed: <u>7/12/04</u>	
Previous Edition Obsolete Authorized for Local Reproduction					

Standard Form 424 (Rev. 6-2003)
Prescribed by OMB Circular A-102

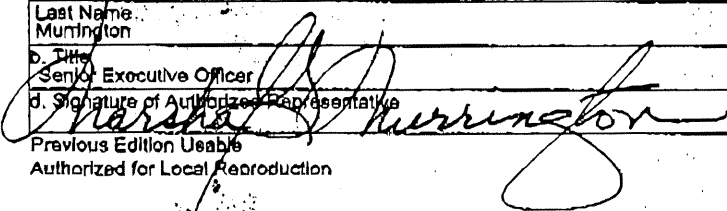
APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED July 9, 2004		Applicant Identifier	
		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: City of Firebaugh			Organizational Unit:		
Address (give city, county, State, and zip code): Firebaugh, Fresno County, California 93622			Name and telephone number of person to be contacted on matters involving this application (give area code) Jose Antonio Ramirez - City Manager Phone (559) 659-2043		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 — 6 0 0 0 3 3 3			7. TYPE OF APPLICANT: (enter appropriate letter in box) C		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): 15% Grant and 85% Loan			A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 0 — 7 6 6 TITLE: Community Facilities			9. NAME OF FEDERAL AGENCY: USDA Rural Development		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Firebaugh-Fresno County- California			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Purchase and install Kitchen Equipment in a recently constructed Public Facilities Building in the City of Firebaugh located in the Firebaugh Historical Park.		
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:			
Start Date 9/1/04	Ending Date 12/1/04	a. Applicant California 20th District		b. Project California 20th District	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$	70,000 ⁰⁰			
b. Applicant	\$	0 ⁰⁰			
c. State	\$	0 ⁰⁰			
d. Local	\$	0 ⁰⁰			
e. Other	\$	0 ⁰⁰			
f. Program Income	\$	0 ⁰⁰			
g. TOTAL	\$	70,000 ⁰⁰			
		a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____			
		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative Jose Antonio Ramirez		b. Title City Manager		c. Telephone Number (559) 659-2043	
d. Signature of Authorized Representative		JUL 12 2004		e. Date Signed	

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED July 9, 2004		Applicant Identifier	
3. DATE RECEIVED BY STATE		4. DATE RECEIVED BY FEDERAL AGENCY July 12, 2004		State Application Identifier	
5. APPLICANT INFORMATION		Federal Identifier			
Legal Name: Spanish Speaking Unity Council of Alameda County, Inc.			Organizational Unit: Department:		
Organizational DUNS: 079084174			Division:		
Address: Street: 1900 Fruitvale Avenue, Suite 2A			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Oakland			Prefix: Ms.		First Name: Jennifer
County: Alameda			Middle Name: Lyn		Last Name: Kassan
State: California			Suffix:		Zip Code: 94601
Country: U.S.A.			Email: jkassan@unitycouncil.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1670490			Phone Number (give area code) (510) 535-6924		Fax Number (give area code) (510) 534-7771
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) <input type="checkbox"/> O - Not for Profit Organization Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93-570			9. NAME OF FEDERAL AGENCY: Administration for Children and Families, Office of Community Services		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Oakland, Alameda County			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Fruitvale/San Antonio Business Development Partnership		
13. PROPOSED PROJECT Start Date: October 1, 2004 Ending Date: February 28, 2006			14. CONGRESSIONAL DISTRICTS OF: a. Applicant Ninth b. Project Ninth		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	700,000	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: July 9, 2004		
b. Applicant	\$	492,988	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$	81,209			
g. TOTAL	\$	1,274,177			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix: Ms.		First Name: Marsha		Middle Name: G.	
Last Name: Murrington		Suffix:		c. Telephone Number (give area code) (510) 535-8913	
b. Title: Senior Executive Officer		d. Signature of Authorized Representative: 		e. Date Signed: July 9, 2004	

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Prescribed by OMB Circular A-102

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address

Legal Name: San Jose State University FoundationAddress: 210 N. 4th Street

Organizational Unit

San Jose
CityCA
StateUSA
County95112 - 5569
ZIP Code + 4

2. Applicant's D-U-N-S Number

0 5 6 8 2 0 7 1 5

3. Applicant's T-I-N

9 4 - 6 0 1 7 6 3 8

4. Catalog of Federal Domestic Assistance #:

8 4 1 8 4 BTitle: Mentoring Programs

6. Novice Applicant ☐ Yes ☒ No

7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No (If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.)

K

- | | |
|-------------------------------|---|
| A State | G Public College or University |
| B Local | H Private, Non-Profit College or University |
| C Special District | I Non-Profit Organization |
| D Indian Tribe | J Private, Profit-Making Organization |
| E Individual | K Other (Specify): |
| F Independent School District | <u>non-profit auxiliary of SJSU</u> |

5. Project Director: Dr. Andrew Hughey

Address: One Washington SquareSan Jose CA 95192 - 0073
City State ZIP Code + 4Tel. #: (408) 924-3636 Fax #: (408) 924-4137E-Mail Address: arhughey@aol.com

Application Information

9. Type of Submission:

—PreApplication

☐ Construction☐ Non-Construction

—Application

☐ Construction☒ Non-Construction**RECEIVED**
*JUL 12 2004***STATE CLEARING HOUSE**

12. Are any research activities involving human subjects planned at any time during the proposed project period?

☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372 process for review): 7/7/2004☐ No (If "No," check appropriate box below.)☐ Program is not covered by E.O. 12372.☐ Program has not been selected by State for review.

12a. Are all the research activities proposed designated to be exempt from the regulations?

☐ Yes (Provide Exemption(s) #):☐ No (Provide Assurance #):

11. Proposed Project Dates:

Start Date: 9/1/2004 End Date: 8/31/2007

13. Descriptive Title of Applicant's Project:

Community Action Mentor Program

Estimated Funding

14a. Federal	\$	199,569.00
b. Applicant	\$	.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	199,569.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Jerri Carmo

b. Title

Sponsored Programs Directorc. Tel. #: (408) 924-1429 Fax #: (408) 924-1496d. E-Mail Address: jcarmo@foundation.sjsu.edu

e. Signature of Authorized Representative

Date: 7/7/04

Application for Federal
Education Assistance (ED 424)

Applicant Information

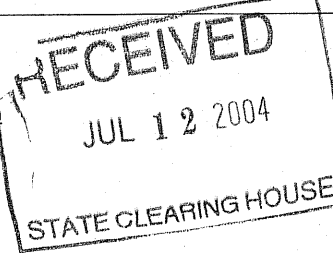
U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004



1. Name and Address

Legal Name: Association for Better Living and Education
Address: 7056 Hollywood Boulevard
Los Angeles, CA USA 90028-6041
City State Country ZIP Code + 4



Organizational Unit

2. Applicant's D-U-N-S Number 60211545

3. Applicant's T-I-N 95148814

4. Catalog of Federal Domestic Assistance #: 84.184B

6. Novice Applicant X Yes No

7. Is the applicant delinquent on any Federal debt? Yes X No
(If "Yes," attach an explanation.)

Title: Mentoring Programs

8. Type of Applicant (Enter appropriate letter in the box.)

5. Project Director: Rachel Rosenthal

Address: 7065 Hollywood Blvd
Los Angeles CA 90027-6041
City State Zip code + 4
Tel. #: (323) 953 - 3360 Fax #: (323) 953 - 3272
E-Mail Address: ablewestus@earthlink.net

A - State F - Independent School District
B - Local G - Public College or University
C - Special District H - Private, Non-profit College or University
D - Indian Tribe I - Non-profit Organization
E - Individual J - Private, Profit-Making Organization

K - Other (Specify):

Application Information

9. Type of Submission:

-PreApplication -Application
 Construction Construction
 Non-Construction X Non-Construction

10. Is application subject to review by Executive Order 12372 process?

X Yes (Date made available to the Executive Order 12372
process for review): 07 / 07 / 2004

 No (If "No," check appropriate box below.)

 Program is not covered by E.O. 12372.
 Program has not been selected by State for review.

11. Proposed Project Dates: 01 / 01 / 2005 12 / 31 / 2007

Start Date: End Date:

12. Are any research activities involving human subjects planned at
any time during the proposed project period?

 Yes (Go to 12a.) X No (Go to item 13.)

12a. Are all the research activities proposed designated to be
exempt from the regulations?

n/a Yes (Provide Exemption(s) #):

n/a No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

Mentoring project for children of greatest need designed to improve

academic performance and reduce dropout and delinquency

Estimated Funding

14a. Federal \$ 152,033 .00
b. Applicant \$ 0 .00
c. State \$ 0 .00
d. Local \$ 0 .00
e. Other \$ 0 .00
f. Program Income \$ 0 .00
g. TOTAL \$ 152,033 .00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true

and correct. The document has been duly authorized by the governing body of the applicant

and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Rachel Rosenthal

b. Title: Regional Director

c. Tel. #: (323) 953 - 3360 Fax #: (323) 953 - 3360

d. E-Mail Address: ablewestus@earthlink.net

e. Signature of Authorized Representative

Date: 7 / 7 / 04

Application for Federal
Education Assistance (ED 424)



U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address

Legal Name: Mt. Pleasant Elementary School District

Address: 3434 Marten Avenue

San Jose
City

CA
State

Santa Clara
County

95148 -
ZIP Code + 4

2. Applicant's D-U-N-S Number 1 0 0 1 2 4 3 0 4

3. Applicant's T-I-N 7 7 7 - 0 1 2 5 1 2 9

4. Catalog of Federal Domestic Assistance #: 84. 1 8 4 B

Title: Office of Safe and Drug-Free Schools -- Mentoring Programs

5. Project Director: Ivy Sarratt

Address: 3434 Marten Avenue

San Jose
City

CA
State

95148 -
Zip code + 4

Tel. #: (408) 223 - 3746

Fax #: (408) 223 - 3742

E-Mail Address: isarratt@mountpleasant.k12.ca.us

Application Information

9. Type of Submission:

-PreApplication -Application
Construction Construction
Non-Construction X Non-Construction

10. Is application subject to review by Executive Order 12372 process?

X Yes (Date made available to the Executive Order 12372
process for review): 7 / 5 / 2004

 No (If "No," check appropriate box below.)

 Program is not covered by E.O. 12372.

 Program has not been selected by State for review.

11. Proposed Project Dates: 10 / 01 / 2004 05 / 31 / 2007

Start Date:

End Date:

Estimated Funding

14a. Federal \$ 188,197 .00
b. Applicant \$ 7,500 .00
c. State \$.00
d. Local \$ 17,500 .00
e. Other \$.00
f. Program Income \$.00
g. TOTAL \$ 213,197 .00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Ida Jew

b. Title: District Superintendent

c. Tel. #: (408) 223 - 3710

Fax #: (408) 223 - 3799

d. E-Mail Address: ijew@mountpleasant.k12.ca.us

e. Signature of Authorized Representative

Date: 6 / 22 / 04

Organizational Unit

Grants and Program Development

6. Novice Applicant Yes X No

7. Is the applicant delinquent on any Federal debt? Yes X No
(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.) F

A - State

B - Local

C - Special District

D - Indian Tribe

E - Individual

F - Independent School District

G - Public College or University

H - Private, Non-profit College or University

I - Non-profit Organization

J - Private, Profit-Making Organization

K - Other (Specify):

12. Are any research activities involving human subjects planned at any time during the proposed project period?
Yes (Go to 12a.) X No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

Yes (Provide Exemption(s) #):

No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

Mentoring Program -- Project T.I.M.E.S. 2 (Teaming Individuals

Means Extreme Success)

Application for Federal Education Assistance (ED 424)

Applicant Information



U.S. Department of Education

Form Approved
OMB No. 1875-0706
Exp. 11/30/2004

1. Name and Address

Legal Name: Imperial Valley Regional Occupational ProgramAddress: 687 State StreetCity: El Centro

City

CA

State

Imperial

County

92243

ZIP Code + 4

- 2943

2. Applicant's D-U-N-S Number

0 6 7 7 6 3 2 2 6 8 5 E

6. Novice Applicant

☐ Yes ☐ No

3. Applicant's T-I-N

9 1 - 2 1 3 3 3 1 0

4. Catalog of Federal Domestic Assistance #:

8 4 1 8 4 B

Title: Mentoring Programs

7. Is the applicant delinquent on any Federal debt?

☐ Yes ☒ No

(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.)

K

A State

B Local

C Special District

D Indian Tribe

E Individual

F Independent School District

G Public College or University

H Private, Non-Profit College or University

I Non-Profit Organization

J Private, Profit-Making Organization

K Other (Specify):

LEA

5. Project Director: Mary N. CamachoAddress: 687 State Street

El Centro

City

CA

State

92243

ZIP Code + 4

Tel. #: (760) 482-2666Fax #: (760) 482-2751E-Mail Address: mcamacho@ivrop.org

Application Information

9. Type of Submission:

—PreApplication

—Application

☐

Construction

☐

Construction

☐

Non-Construction

☒

Non-Construction

10. Is application subject to review by Executive Order 12372 process?

☒Yes (Date made available to the Executive Order 12372 process for review): 7/7/2004☐

No (If "No," check appropriate box below.)

☐

Program is not covered by E.O. 12372.

☐

Program has not been selected by State for review.

12. Are any research activities involving human subjects planned at any time during the proposed project period?

☐

Yes (Go to 12a.)

☒

No (Go to Item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

☐

Yes (Provide Exemption(s) #):

☐

No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

Project Individuals Caring for At Need Youth (I CAN)

11. Proposed Project Dates:

Start Date:

10/1/2004

End Date:

9/30/2007

Estimated Funding

14a. Federal	\$	188,145.00
b. Applicant	\$	.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	188,145.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Mary N. Camacho

b. Title

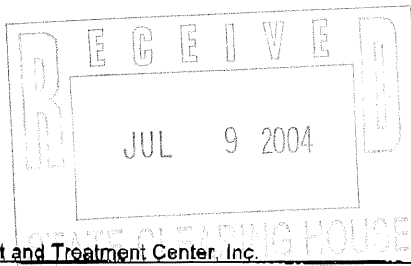
Superintendent

c. Tel. #: (760) 482-2666Fax #: (760) 482-2751d. E-Mail Address: mcamacho@ivrop.org

e. Signature of Authorized Representative

Date: 7/7/2004

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address

Legal Name: Dual Diagnosis Assessment and Treatment Center, Inc.

Address: 5529 N. Cleo

Organizational Unit

Fresno
City

CA
State

Fresno
County

93722 - 7713
ZIP Code + 4

2. Applicant's D-U-N-S Number 1133686258

3. Applicant's T-I-N 777 - 05056012

4. Catalog of Federal Domestic Assistance #: 84 184B

Title: Mentoring Programs

5. Project Director: Edna Miller

Address: 5529 N. Cleo

Fresno CA 93722-7713
City State Zip code + 4

Tel.#: (659) 352 - 1185

Fax#: (818) 376 - 0471

E-Mail Address: EM7300@msn.com

6. Novice Applicant ☒ Yes ☐ No

7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No
(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.) ☐

- A - State
B - Local
C - Special District
D - Indian Tribe
E - Individual
F - Independent School District
G - Public College or University
H - Private, Non-profit College or University
I - Non-profit Organization
J - Private, Profit-Making Organization
K - Other (Specify):

Application Information

9. Type of Submission:

- PreApplication
☐ Construction
☒ Non-Construction
-Application
☐ Construction
☒ Non-Construction

10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372 process for review): 07 / 06 / 2004

☐ No (If "No," check appropriate box below.)

☐ Program is not covered by E.O. 12372.

☐ Program has not been selected by State for review.

12. Are any research activities involving human subjects planned at any time during the proposed project period?
☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

☐ Yes (Provide Exemption(s) #):

☐ No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

"I Can Help You"

11. Proposed Project Dates: 08 / 15 / 2004 08 / 15 / 2007
Start Date: End Date:

Estimated Funding: 1st Year Funding

14a. Federal \$ 143,100.00

b. Applicant (In Kind) \$ 29,000.00

c. State \$.00

d. Local \$.00

e. Other \$.00

f. Program Income \$.00

g. TOTAL \$ 172,100.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Edna Miller

b. Title: CEO/Founder

c. Tel.#: (659) 352 - 1185

Fax#: (818) 376 - 0417

d. E-Mail Address: EM7300@msn.com

e. Signature of Authorized Representative:

Date: 07 / 06 / 2004

Application for Federal
Education Assistance

U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp.

Applicant Information

1. Name and Address

Legal Name: de Amistad

Address: 120 Stevens Avenue

Solana Beach
CityCA
StateSan Diego
County92075 -
ZIP Code + 4

2. Applicant's D-U-N-S Number

149974318

3. Applicant's T-I-N

260016331

Organizational Unit

6. Novice Applicant Yes

Title: Mentoring Programs

4. Catalog of Federal Domestic Assistance #:

84 184B

5. Project Director: Marianne Woo

Address: 4604 Tarantella Lane

San Diego CA 92130 - 2464
City State ZIP Code + 4

Tel. #: (858) 509-9192 Fax #: () -

E-Mail Address: m_woo@hotmail.com

7. Is the applicant delinquent on any Federal debt? No
(if "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.)

- | | |
|-------------------------------|---------------------------------------|
| A State | G Public College or University |
| B Local | H Non-Profit College or University |
| C Special District | I Non-Profit Organization |
| D Indian Tribe | J Private, Profit-Making Organization |
| E Individual | K Other (Specify): |
| F Independent School District | |

Application Information

9. Type of Submission:

--PreApplication

Non-Construction

12. Are any research activities involving human subjects planned
at any time during the proposed project period? No (Go to item 13.)12a. Are all the research activities proposed designated to be
exempt from the regulations? No

Yes (Provide Exemption(s)):

10. Is application subject to review by Executive Order 12372 process?

No (Provide Assurance #, if available):

Yes (Date made available to the Executive Order 12372
process for review): 06/28/2004

11. Proposed Project Dates:

Start Date:	End Date:
07/01/2005	06/30/2008

13. Descriptive Title of Applicant's Project:
Study Companions Expansion Mentoring Project

Estimated Funding

14a. Federal	\$	193,360	.00
b. Applicant	\$	50,000	.00
c. State	\$	0	.00
d. Local	\$	0	.00
e. Other	\$	0	.00
f. Program Income	\$	0	.00
g. TOTAL	\$	243,360	.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in
this application are true and correct. The document has been duly
authorized by the governing body of the applicant and the applicant
will comply with the attached assurances if the assistance is awarded.a. Typed Name of Authorized Representative
Marianne Woo ~~Woo~~b. Title
Interim Project Director

c. Tel. #: (858) 509-9192 Fax #: () -

d. E-Mail Address: m_woo@hotmail.com

e. Signature of Authorized Representative

Marianne Woo

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address

Legal Name: Redding Elementary School DistrictAddress: 5885 E. Bonnyview Road

Organizational Unit

Redding
CityCA
StateShasta
County96099 - 2418
ZIP Code + 4

2. Applicant's D-U-N-S Number

9 3 2 8 8 5 2 5 4

6. Novice Applicant ☐ Yes ☒ No

3. Applicant's T-I-N

9 4 - 6 0 0 2 4 6 3

7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No (If "Yes," attach an explanation.)

4. Catalog of Federal Domestic Assistance #:

8 4 1 8 4 BTitle: Office of Safe and Drug-Free Schools Mentoring Programs

8. Type of Applicant (Enter appropriate letter in the box.)

F

5. Project Director: Kathy Kuhn

Address: 5885 E. Bonnyview RoadRedding

City

CA

State

96099 - 2418

ZIP Code + 4

Tel. #: (530) 225-0011Fax #: (530) 225-0015E-Mail Address: kkuhn@redding.echalk.com

- A State
B Local
C Special District
D Indian Tribe
E Individual
F Independent School District
G Public College or University
H Private, Non-Profit College or University
I Non-Profit Organization
J Private, Profit-Making Organization
K Other (Specify):

Application Information

9. Type of Submission:

—PreApplication

—Application

☐ Construction☐ Construction☐ Non-Construction☒ Non-Construction

JUL 09 2004

STATE CLEARING HOUSE

10. Is application subject to review by Executive Order 12372 process?

☐ Yes (Date made available to the Executive Order 12372 process for review):☒ No (If "No," check appropriate box below.)☐ Program is not covered by E.O. 12372.☒ Program has not been selected by State for review.

12. Are any research activities involving human subjects planned at any time during the proposed project period?

☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

☐ Yes (Provide Exemption(s) #):☐ No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

FAST Friends

A Redding Elementary School District mentoring program to serve 40 new mentor/student matches each year of the program.

11. Proposed Project Dates:

Start Date:

9/1/2004

End Date:

8/31/2007

Estimated Funding

14a. Federal	\$ <u>200,000</u>	.00
b. Applicant	\$	.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$ <u>200,000</u>	.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Renae Dreier

b. Title

Superintendentc. Tel. #: (530) 225-0011Fax #: (530) 225-0015d. E-Mail Address: rdreier@redding.echalk.com

e. Signature of Authorized Representative

Date:

Application for Federal Education Assistance



U.S. Department of Education
Form Approved
OMB No. 1875-0106
Exp.

Applicant Information

1. Name and Address

Legal Name: Alameda County Office of Education
Address: 313 W. Winton Avenue

Hayward
City

CA
State

Organizational Unit

Educational Services Division/Instructional Support Services

Alameda
County

94544 - 1198
ZIP Code + 4

2. Applicant's D-U-N-S Number

056874225

6. Novice Applicant

No

3. Applicant's T-I-N

946002421

Title: Mentoring Programs

4. Catalog of Federal Domestic Assistance #:

84 184B

5. Project Director: Enomwoyi Booker

Address: 313 W. Winton Avenue

Hayward CA 94544 - 1198
City State ZIP Code + 4

Tel. #: (510) 670-7748 Fax #: (510) 670-4207

E-Mail Address: ebooker@acoe.k12.ca.us

7. Is the applicant delinquent on any Federal debt? No
(if "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.)

B

- A State G Public College or University
B Local H Non-Profit College or University
C Special District I Non-Profit Organization
D Indian Tribe J Private, Profit-Making Organization
E Individual K Other (Specify):
F Independent School District

Application Information

9. Type of Submission:

--Application

Non-Construction

12. Are any research activities involving human subjects planned at any time during the proposed project period? No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations? No

Yes (Provide Exemption(s)#):

No (Provide Assurance #, if available):

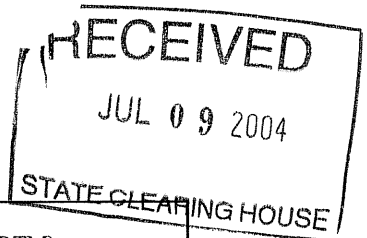
10. Is application subject to review by Executive Order 12372 process?

Yes (Date made available to the Executive Order 12372 process for review): 07/07/2004

11. Proposed Project Dates:

Start Date: 09/01/2004 End Date: 09/01/2007

13. Descriptive Title of Applicant's Project:
Tapping Resiliency Through Mentoring (TRTM)



Estimated Funding

14a. Federal	\$	200,000	.00
b. Applicant	\$	0	.00
c. State	\$	0	.00
d. Local	\$	0	.00
e. Other	\$	0	.00
f. Program Income	\$	0	.00
g. TOTAL	\$	200,000	.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Typed Name of Authorized Representative
Sheila Jordan

b. Title
Superintendent

c. Tel. #: (510) 670-4140 Fax #: (510) 670-4101

d. E-Mail Address: sheilaj@acoe.k12.ca.us

e. Signature of Authorized Representative

REV. 11/12/99

ED 424

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address

Legal Name: YMCA Community Services

Address: 12831 Newport Avenue Suite 200

Organizational Unit

Tustin
City

CA
State

Orange
County

92780 - 7803
ZIP Code + 4

2. Applicant's D-U-N-S Number 079543732

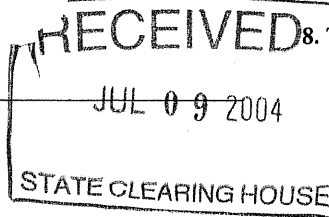
6. Novice Applicant ☒ Yes ☐ No

3. Applicant's T-I-N 9511644055

7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No
(If "Yes," attach an explanation.)

4. Catalog of Federal Domestic Assistance #: 84.184B

Title: United for Success



8. Type of Applicant (Enter appropriate letter in the box.) I

5. Project Director: Kristen Thompson

Address: 12831 Newport Avenue Suite 200

Tustin CA 92780
City State Zip code + 4
Tel. #: (714) 665-1342 ext 108 Fax #: (714) 665-8258

A - State F - Independent School District
B - Local G - Public College or University
C - Special District H - Private, Non-profit College or University
D - Indian Tribe I - Non-profit Organization
E - Individual J - Private, Profit-Making Organization
K - Other (Specify): _____

E-Mail Address: kthompson@ymcaoc.net

Application Information

9. Type of Submission:

-PreApplication -Application
☐ Construction ☐ Construction
☐ Non-Construction ☒ Non-Construction

10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372
process for review): 7/ 07/ 2004

☐ No (If "No," check appropriate box below.)

☐ Program is not covered by E.O. 12372.
☐ Program has not been selected by State for review.

12. Are any research activities involving human subjects planned at
any time during the proposed project period?
☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

12a. Are all the research activities proposed designated to be
exempt from the regulations?

☐ Yes (Provide Exemption(s) #): _____

☐ No (Provide Assurance #): _____

13. Descriptive Title of Applicant's Project:

School based mentoring for youth at risk of school failure and/or delinquency.

11. Proposed Project Dates: 10/01/05

Start Date:

9/30/07

End Date:

Estimated Funding

14a. Federal \$ 567,785 .00
b. Applicant \$ _____ .00
c. State \$ _____ .00
d. Local \$ _____ .00
e. Other \$ _____ .00
f. Program Income \$ _____ .00
g. TOTAL \$ 567,785 .00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true
and correct. The document has been duly authorized by the governing body of the applicant
and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Kristen Thompson

b. Title: Executive Director

c. Tel. #: (714) 665-1342 x108

Fax #: (714) 838-5976

d. E-Mail Address: kthompson@ymcaoc.net

e. Signature of Authorized Representative

Kristen Thompson

Date: 7/7/04

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address

Legal Name: Central Orange Coast YMCA

Address: 2300 University Drive

Organizational Unit

Newport Beach

City

State

CA

County

Orange

92780 -

ZIP Code + 4

2. Applicant's D-U-N-S Number 0 7 9 5 4 3 7 3 2

6. Novice Applicant ☒ Yes ☐ No

3. Applicant's T-I-N 9 5 - 1 6 4 4 0 5 5

7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No
(If "Yes," attach an explanation.)

4. Catalog of Federal Domestic Assistance #: 84.1 8 4 B

Title: Youth Achievers

8. Type of Applicant (Enter appropriate letter in the box.) I

5. Project Director: Adrienne Stokols

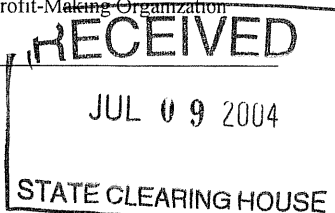
Address: 13821 Newport Avenue Suite 200

Tustin CA 92780
City State Zip code + 4
Tel. #: (714) 549-9622 Fax #: (714) 838-5976

E-Mail Address: astokols@ymcaoc.net

A - State F - Independent School District
B - Local G - Public College or University
C - Special District H - Private, Non-profit College or University
D - Indian Tribe I - Non-profit Organization
E - Individual J - Private, Profit-Making Organization

K - Other (Specify):



Application Information

9. Type of Submission:

☒ Pre-Application ☐ Application
☐ Construction ☐ Construction
☐ Non-Construction ☐ Non-Construction

10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372
process for review): 7/ 02/ 2002

☐ No (If "No," check appropriate box below.)

☐ Program is not covered by E.O. 12372.
☐ Program has not been selected by State for review.

11. Proposed Project Dates: 10 / 01 / 05 9 / 30 / 07
Start Date: End Date:

12. Are any research activities involving human subjects planned at
any time during the proposed project period?
☐ Yes (Go to 12a.) ☐ No (Go to item 13.)

12a. Are all the research activities proposed designated to be
exempt from the regulations?

☐ Yes (Provide Exemption(s) #):

☐ No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

School based mentoring for youth at risk of school failure and/or de-
linquency.

Estimated Funding

14a. Federal \$ 576,947 .00
b. Applicant \$ _____ .00
c. State \$ _____ .00
d. Local \$ _____ .00
e. Other \$ _____ .00
f. Program Income \$ _____ .00
g. TOTAL \$ 576,947 .00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true
and correct. The document has been duly authorized by the governing body of the applicant
and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Adrienne Stokols

b. Title: Director

c. Tel. #: (714) 549-9622 Fax #: (714) 838-5976

d. E-Mail Address: astokols@ymcaoc.net

e. Signature of Authorized Representative

Date: 7/7/04

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address

Legal Name: Asian American Recovery Services, Inc.Address: 965 Mission StreetSuite 325San Francisco

City

CA

State

San Mateo County

County

94103 - 2921

ZIP Code + 4

2. Applicant's D-U-N-S Number

6 2 2 2 8 5 4 0 1

3. Applicant's T-I-N

9 4 - 3 0 0 7 5 3 8

4. Catalog of Federal Domestic Assistance #:

8 4 1 8 4 BTitle: Mentoring Programs

5. Project Director: David Mineta, MSW

Address: 7100 Mission StreetDaly City

City

CA

State

94014 - 2201

ZIP Code + 4

Tel. #: (650) 756-3230Fax #: (650) 756-3945E-Mail Address: dmineta@aars-inc.org

Organizational Unit

6. Novice Applicant

☐ Yes ☐ No

7. Is the applicant delinquent on any Federal debt?

☐ Yes ☒ No

(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.)

I

A State

B Local

C Special District

D Indian Tribe

E Individual

F Independent School

District

G Public College or University

H Private, Non-Profit College or University

I Non-Profit Organization

J Private, Profit-Making Organization

K Other (Specify):

Application Information

9. Type of Submission:

—PreApplication

—Application

☐ Construction☐ Construction☐ Non-Construction☒ Non-Construction

10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372 process for review): 7/6/2004☐ No (If "No," check appropriate box below.)☐ Program is not covered by E.O. 12372.☐ Program has not been selected by State for review.

11. Proposed Project Dates:

Start Date:

9/1/2004

End Date:

8/31/2007

12. Are any research activities involving human subjects planned at any time during the proposed project period?

☒ Yes (Go to 12a.) ☐ No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

☐ Yes (Provide Exemption(s) #):☒ No (Provide Assurance #): FWA 00000980

13. Descriptive Title of Applicant's Project:

Connect Three Project: Blended Adult and Peer-to-Peer Mentoring Services to Daly City, California Middle School Youth

Estimated Funding

14a. Federal	\$	200,000.00
b. Applicant	\$	0.00
c. State	\$	0.00
d. Local	\$	0.00
e. Other	\$	0.00
f. Program Income	\$	0.00
g. TOTAL	\$	200,000.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Jeff Mori

b. Title

Executive Directorc. Tel. #: (415) 541-9285Fax #: (415) 541-9986d. E-Mail Address: j Mori@aars-inc.org

e. Signature of Authorized Representative

Application to U.S. Department of Education
Mentoring Programs Date: 7/6/2004

Application for Federal
Education Assistance (ED 424)



U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address

Legal Name Klamath Trinity Joint Unified School District

Address: P.O. Box 1308

Organizational Unit

Hoopa CA Humboldt 95546
City State County ZIP Code + 4

2. Applicant's D-U-N-S Number 01123343517

3. Applicant's T-I-N 914 - 6101021186

4. Catalog of Federal Domestic Assistance #: 84.1184.B

Title: Mentoring Program

5. Project Director: Sarah Supahan

Address: P.O. Box 1308

Hoopa CA 95546
City State Zip code + 4
Tel. #: (530) 625-4412 Fax #: (530) 625-4697

E-Mail Address: ssupahan@humboldt.k12.ca.us

Application Information

9. Type of Submission:

-PreApplication -Application
Construction Construction
Non-Construction X Non-Construction

10. Is application subject to review by Executive Order 12372 process?

X Yes (Date made available to the Executive Order 12372
process for review): 6/28/2004

 No (If "No," check appropriate box below.)
 Program is not covered by E.O. 12372.
 Program has not been selected by State for review.

11. Proposed Project Dates: 8/16/2004 8/16/2007
Start Date: End Date:

Estimated Funding

14a. Federal \$ 568,760 .00
b. Applicant \$.00
c. State \$.00
d. Local \$.00
e. Other \$.00
f. Program Income \$.00
g. TOTAL \$ 568,760 .00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Arturo M. Vasquez

b. Title: Superintendent

c. Tel. #: (530) 625-4255 Fax #: (530) 625-4133

d. E-Mail Address: avasquez@humboldt.k12.ca.us

e. Signature of Authorized Representative

Arturo M. Vasquez

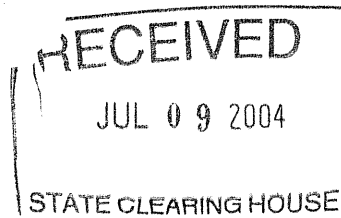
Date: 7/7/04

6. Novice Applicant Yes X No

7. Is the applicant delinquent on any Federal debt? Yes X No
(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.) B

A - State F - Independent School District
B - Local G - Public College or University
C - Special District H - Private, Non-profit College or University
D - Indian Tribe I - Non-profit Organization
E - Individual J - Private, Profit-Making Organization
K - Other (Specify):



12. Are any research activities involving human subjects planned at any time during the proposed project period?
 Yes (Go to 12a.) X No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?
 Yes (Provide Exemption(s) #):

 No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

"From the Circle Mentoring Program"

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address

Legal Name: Lennox School DistrictAddress: 10319 South Firmona Avenue

Organizational Unit

Lennox
CityCA
StateLos Angeles County
County90304 - 1419
ZIP Code + 4

2. Applicant's D-U-N-S Number

0 1 2 6 5 7 2 2 7

3. Applicant's T-I-N

9 5 - 6 0 0 1 8 4 8

4. Catalog of Federal Domestic Assistance #:

8 4 1 8 4 bTitle: Mentoring Programs

5. Project Director: Darian Gotti

Address: 11033 Buford AvenueLennox
CityCA
State90304 - 2126
ZIP Code + 4Tel. #: (310) 419-1800Fax #: (310) 677-4635E-Mail Address: darian_gotti@lennox.k12.ca.us

6. Novice Applicant ☐ Yes ☐ No

7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No (If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.) F

- A State
B Local
C Special District
D Indian Tribe
E Individual
F Independent School District
G Public College or University
H Private, Non-Profit College or University
I Non-Profit Organization
J Private, Profit-Making Organization
K Other (Specify):

Application Information

9. Type of Submission:

—PreApplication

☐ Construction☐ Non-Construction

—Application

☐ Construction☒ Non-Construction**RECEIVED****JUL 09 2004****STATE CLEARING HOUSE**

10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372 process for review): 7/7/2004☐ No (If "No," check appropriate box below.)☐ Program is not covered by E.O. 12372.☐ Program has not been selected by State for review.

12. Are any research activities involving human subjects planned at any time during the proposed project period?

☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

☐ Yes (Provide Exemption(s) #):☐ No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

Lennox AVID Mentoring Project - a mentoring project designed to provide academic mentoring services to 150 at-risk middle school students (6th grade - 8th grade) and elementary school students (5th grade)

11. Proposed Project Dates:

Start Date:
10/1/2004End Date:
9/30/2007

Estimated Funding

14a. Federal	\$	586,494.00
b. Applicant	\$	67,000.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	653,494.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Dr. Bruce McDaniel

b. Title

Superintendentc. Tel. #: (310) 330-4950Fax #: (310) 671-0617d. E-Mail Address: bruce_mcdaniel@lennox.k12.ca.us

e. Signature of Authorized Representative

Bruce McDanielDate: 7/7/2004

Application for Federal
Education Assistance (ED 424)



U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address

Legal Name: Sonoma State University

Organizational Unit

Address: 1801 E. Cotati Ave.

Rohnert Park,
City

CA
State

Sonoma
County

94928 - 3609
ZIP Code + 4

2. Applicant's D-U-N-S Number 1103735432

3. Applicant's T-I-N 68-0338225

4. Catalog of Federal Domestic Assistance #: 84.184B

Title: Federal Mentoring Program

5. Project Director: Julie McClure

Address: 1801 E. Cotati Ave.

Rohnert Park CA 94928-3609
City State Zip code + 4

Tel. #: (707) 664-4232 Fax #: (707) 664-2417

E-Mail Address: Julie.McClure@Sonoma.edu

Application Information

9. Type of Submission:

-PreApplication -Application
Construction Construction
X Non-Construction Non-Construction

10. Is application subject to review by Executive Order 12372 process?
X Yes (Date made available to the Executive Order 12372
process for review): 7 / 7 / 2004

No (If "No," check appropriate box below.)
Program is not covered by E.O. 12372.
Program has not been selected by State for review.

11. Proposed Project Dates: 10/01/04 9/30/07
Start Date: End Date:

Estimated Funding

14a. Federal \$ 198,390.00
b. Applicant \$.00
c. State \$.00
d. Local \$.00
e. Other \$.00
f. Program Income \$.00
g. TOTAL \$ 198,390.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Steven Wilson

b. Title: Associate Vice President Administration and Finance

c. Tel. #: (707) 664-2934 Fax #: (707) 664-2080

d. E-Mail Address: Steven.Wilson@Sonoma.edu

e. Signature of Authorized Representative

AC 6.30.2004

Date: 6/30/04

6. Novice Applicant Yes X No

7. Is the applicant delinquent on any Federal debt? Yes X No
(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.) G

A - State F - Independent School District
B - Local G - Public College or University
C - Special District H - Private, Non-profit College or
University
D - Indian Tribe I - Non-profit Organization
E - Individual J - Private, Profit-Making Organization

K - Other (Specify):

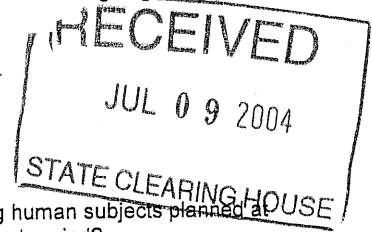
12. Are any research activities involving human subjects planned at any time during the proposed project period?
X Yes (Go to 12a.) No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?
X Yes (Provide Exemption(s) #): pending

No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

Project SCHOLARS



Application for Federal
Education Assistance (ED 424)



U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address

Legal Name: The Telegraph Hill Neighborhood Center

Address: 660 Lombard Street

Organizational Unit

San Francisco
City

CA
State

County

94133 -

ZIP Code + 4

2. Applicant's D-U-N-S Number 8 7 9 5 9 8 6 3 9

3. Applicant's T-I-N 9 4 - 1 1 6 7 4 2 2

4. Catalog of Federal Domestic Assistance #: 84 1 8 4 B

Title: Mentoring Programs

Office of Safe and Drug Free Schools

5. Project Director: Gentle Blythe, Director

Address: Francisco Connection, 2190 Powell Street

San Francisco CA 94133
City State Zip code + 4

Tel. #: (415) 956 - 1234 Fax #: (415) 956 - 1238

E-Mail Address: gblythe@franciscoconnection.org

Application Information

9. Type of Submission:

-PreApplication -Application
Construction Construction
Non-Construction X Non-Construction

10. Is application subject to review by Executive Order 12372 process?

Yes (Date made available to the Executive Order 12372 process for review): / /

X No (If "No," check appropriate box below.)

Program is not covered by E.O. 12372.
X Program has not been selected by State for review.

11. Proposed Project Dates: 8 / 15 / 04 8 / 15 / 07
Start Date: End Date:

Estimated Funding

14a. Federal \$ 256,065 . 00
b. Applicant \$. 00
c. State \$. 00
d. Local \$ 60,000 . 00
e. Other \$. 00
f. Program Income \$ 81,600 . 00
g. TOTAL \$ 397,665 . 00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Denise McCarthy

b. Title: Executive Director

c. Tel. #: (415) 421 - 6443 (x11) Fax #: (415) 433 - 1352

d. E-Mail Address: denise@tel-hi.org

e. Signature of Authorized Representative

Denise McCarthy

Date: 7 / 2 / 04

6. Novice Applicant Yes No

7. Is the applicant delinquent on any Federal debt? Yes X No
(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.)

A - State F - Independent School District
B - Local G - Public College or University
C - Special District H - Private, Non-profit College or University
D - Indian Tribe I - Non-profit Organization
E - Individual J - Private, Profit-Making Organization
K - Other (Specify):

12. Are any research activities involving human subjects planned at any time during the proposed project period?
Yes (Go to 12a.) X No (Go to item 13.)

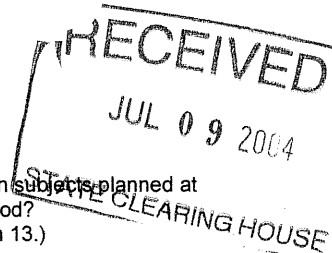
12a. Are all the research activities proposed designated to be exempt from the regulations?

Yes (Provide Exemption(s) #):

No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

The Francisco Connection Buddy Program



Application for Federal
Education Assistance (ED 424)



U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address

Legal Name: Students In Business, Inc.

Address: 4588 Peralta Blvd, Suite #17

Organizational Unit

Fremont
City

CA
State

Contra Costa
County

94536
ZIP Code + 4

2. Applicant's D-U-N-S Number 1838280222

3. Applicant's T-I-N 9413165640

4. Catalog of Federal Domestic Assistance #: 84.184B

Title: Mentoring Programs

5. Project Director: Robert Goetsch

Address: 4588 Peralta Blvd., Suite #17

Fremont CA 94536
City State Zip code + 4

Tel. #: (510) 795 - 6488 Fax #: (510) 795 - 6498

E-Mail Address: goetsch@beamentor.org

Application Information

9. Type of Submission:

-PreApplication -Application
Construction Construction
Non-Construction X Non-Construction

10. Is application subject to review by Executive Order 12372 process?

X Yes (Date made available to the Executive Order 12372
process for review): 07/05/2004

No (If "No," check appropriate box below.)

Program is not covered by E.O. 12372.

Program has not been selected by State for review.

11. Proposed Project Dates: 08/01/2004 07/31/2007

Start Date:

End Date:

Estimated Funding

14a. Federal \$ 199,651. 00
b. Applicant \$ 00. 00
c. State \$ 00. 00
d. Local \$ 00. 00
e. Other \$ 00. 00
f. Program Income \$ 00. 00
g. TOTAL \$ 199,651. 00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Robert Goetsch

b. Title: Executive Director

c. Tel. #: (510) 795 - 6488 Fax #: (510) 795 - 6498

d. E-Mail Address: goetsch@beamentor.org

e. Signature of Authorized Representative

Robert Goetsch

RECEIVED

JUL 09 2004

STATE CLEARING HOUSE

Date: 7/2/04

Application for Federal
Education Assistance (ED 424)



U.S. Department of Education

Form Approved
OMB No. 1875-0108
Exp. 11/30/2004

Applicant Information

1. Name and Address

Legal Name: Pacific Camps and Family Resources

Address: 380 Mobil Avenue

Camarillo

City

CA

State

Ventura

County

93010

ZIP Code + 4

2. Applicant's D-U-N-S Number 0 8 9 3 4 4 0 0 1 1

3. Applicant's T-I-N 7 7 - 0 5 7 8 8 0 4

4. Catalog of Federal Domestic Assistance #: 84 1 8 4 B
Mentoring Programs

Title: _____

Kenneth Harley

5. Project Director:

380 Mobil

Address:

Camarillo

CA

93010

City

State

Zip code + 4

Tel. #: (805) 482- 5250 Fax #: (805) 384 - 9497

CampcamarilloBud@aol.com

E-Mail Address: _____

Application Information

9. Type of Submission:

-PreApplication

-Application

Construction

Construction

Non-Construction

X Non-Construction

10. Is application subject to review by Executive Order 12372 process?

X Yes (Date made available to the Executive Order 12372
process for review): 7 / 7 / 04

___ No (If "No," check appropriate box below.)

___ Program is not covered by E.O. 12372.

___ Program has not been selected by State for review.

11. Proposed Project Dates: 10/ 1 / 2004 9 / 30 / 2007

Start Date:

End Date:

Estimated Funding

14a. Federal \$ 459,081. 00

b. Applicant \$ 00

c. State \$ 00

d. Local \$ 00

e. Other \$ 00

f. Program Income \$ 00

g. TOTAL \$ 459,081. 00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true

and correct. The document has been duly authorized by the governing body of the applicant

and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Kenneth Harley

b. Title: Executive Director

c. Tel. #: (805) 482 - 5250 Fax #: (805) 384 - 9497

d. E-Mail Address: CampCamarilloBud@aol.com

e. Signature of Authorized Representative

Kenneth Harley

Date: 7 / 2 / 2004

Organizational Unit

6. Novice Applicant ___ Yes X No

7. Is the applicant delinquent on any Federal debt? ___ Yes X No
(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.) L

A - State

F - Independent School District

B - Local

G - Public College or University

C - Special District

H - Private, Non-profit College or

University

D - Indian Tribe

I - Non-profit Organization

E - Individual

J - Private, Profit-Making Organization

K - Other (Specify): _____

RECEIVED
JUL 09 2004
STATE CLEARING HOUSE

12. Are any research activities involving human subjects planned at
any time during the proposed project period?

___ Yes (Go to 12a.) X No (Go to item 13.)

12a. Are all the research activities proposed designated to be
exempt from the regulations?

___ Yes (Provide Exemption(s) #): _____

___ No (Provide Assurance #): _____

13. Descriptive Title of Applicant's Project:

Pacific Camps PATHS (Positive Adults: Teaching, Helping,

Shepherding) Mentoring Project

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address

Legal Name: Big Brothers & Sisters of San Diego County, Inc.

Address: 17150 Via Del Campo, Suite 101

Organizational Unit

San Diego
City

CA
State

San Diego
County

91945 - 2137
ZIP Code + 4

2. Applicant's D-U-N-S Number 9 6 1 8 7 6 4 3 0

3. Applicant's T-I-N 9 5 - 2 1 5 1 5 2 6

4. Catalog of Federal Domestic Assistance #: **84.** 1 8 4 B

Title: Mentoring Programs

5. Project Director: Doug Kurtz

Address: 17150 Via Del Campo, Suite 101

San Diego CA 91945 2137
City State Zip code + 4

Tel. #: (858) 485-6964 Fax #: (858) 485-7538

E-Mail Address: dougk@beabig.net

Application Information

9. Type of Submission:

PreApplication Application
Construction Construction
Non-Construction X Non-Construction

10. Is application subject to review by Executive Order 12372 process?

X Yes (Date made available to the Executive Order 12372 process for review): 7 / 6 / 2004

No (If "No," check appropriate box below.)
Program is not covered by E.O. 12372.
Program has not been selected by State for review.

11. Proposed Project Dates: 10 / 1 / 2004 10 / 1 / 2005
Start Date: End Date:

Estimated Funding

14a. Federal \$ 198,027.50
b. Applicant \$.00
c. State \$.00
d. Local \$.00
e. Other \$.00
f. Program Income \$.00
g. TOTAL \$ 198,027.50

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Paul E. Palmer

b. Title: Executive Director

c. Tel. #: (858) 485-6964 Fax #: (858) 485-6964

d. E-Mail Address: paulp@beabig.net

e. Signature of Authorized Representative

Paul E. Palmer

Date: 7 / 6 / 04

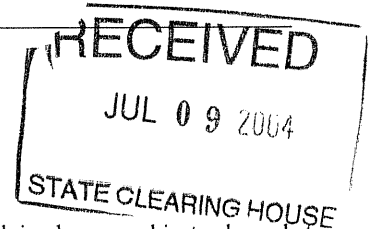
6. Novice Applicant X Yes No

7. Is the applicant delinquent on any Federal debt? Yes X No
(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.) I

A - State F - Independent School District
B - Local G - Public College or University
C - Special District H - Private, Non-profit College or University
D - Indian Tribe I - Non-profit Organization
E - Individual J - Private, Profit-Making Organization

K - Other (Specify):



12. Are any research activities involving human subjects planned at any time during the proposed project period?
Yes (Go to 12a.) X No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

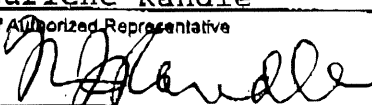
Yes (Provide Exemption(s) #):

No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

School Based Mentoring

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED July 9, 2004		Applicant Identifier N/A	
<i>Preapplication</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Applicant Identifier N/A	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier N/A	
5. APPLICANT INFORMATION					
Legal Name: San Francisco, City and County of			Organizational Unit: Mayor's Office		
Organizational DUNS: 046004081			Division: Mayor's Office of Criminal Justice		
Address (give city, county, state, and zip code): 1 Dr. Carlton B. Goodlett Place Room 496 San Francisco, CA 94102			Name and telephone number of person to be contacted on matters involving this application (give area code) Name: Bruce Der-McLeod Phone: (415) 554-6982		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 946000479			7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> N A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) City & County		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):			9. NAME OF FEDERAL AGENCY: Department of Justice Office of Community Oriented Policing Services		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 6 . 7 1 0 TITLE: 2004 Technology Initiative			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: San Francisco JUSTIS Program Server Consolidation Project		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): City and County of San Francisco					
13. PROPOSED PROJECT: Start Date: 1/23/2004 Ending Date: 1/22/2005		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 8th & 12th b. Project: 8th & 12th			
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 742108.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE July 9, 2004			
b. Applicant	\$.00	b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
c. State	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
d. Local	\$.00				
e. Other	\$.00				
f. Program Income	\$.00				
g. TOTAL	\$ 742,108.00				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Typed Name of Authorized Representative Murlene Randle		b. Title Director		c. Telephone number 415-554-6564	
d. Signature of Authorized Representative 				e. Date Signed 7/9/2004	

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved
OMB No. 1875-0108
Exp. 11/30/2004

Applicant Information

1. Name and Address
Legal Name: Boys & Girls Club of Santa Ana
Address: 950 West Highland

Organizational Unit:

Santa Ana
City

CA
State

Orange
County

92703
ZIP Code + 4

2. Applicant's D-U-N-S Number 0306031781

3. Applicant's T-I-N 9511893417

4. Catalog of Federal Domestic Assistance #: 84.184B

Title: Mentoring Programs

5. Project Director: John F. Brewster

Address: 950 West Highland

Santa Ana,
CA
92703

City

State

Zip code + 4

Tel. #: (714) 543-7212 Fax #: (714) 543-4613

E-Mail Address: johnbrew@pacbell.net

6. Novice Applicant ☒ Yes ☐ No

7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No
(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.) I

A - State

B - Local

C - Special District

University

D - Indian Tribe

E - Individual

F - Independent School District

G - Public College or University

H - Private, Non-profit College or

I - Non-profit Organization

J - Private, Profit-Making Organization

K - Other (Specify):

Application Information

9. Type of Submission:

☒ Pre-Application

☐ Application

☐ Construction

☐ Construction

☐ Non-Construction

☒ Non-Construction

10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372
process for review: 07 F 07 F 04)

☐ No (If "No," check appropriate box below.)

☐ Program is not covered by E.O. 12372.

☐ Program has not been selected by State for review.

11. Proposed Project Dates: 10/01/04 09/30/05

Start Date:

End Date:

12. Are any research activities involving human subjects planned at any time during the proposed project period?

☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

☐ Yes (Provide Exemption(s) #):

☐ No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

Mentoring Program for Students in Substi-
tute Care or At Risk

Estimated Funding

14a. Federal \$ 200,000 .00

b. Applicant \$.00

c. State \$.00

d. Local \$.00

e. Other \$.00

f. Program Income \$.00

g. TOTAL \$ 200,000 .00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true

and correct. The document has been duly authorized by the governing body of the applicant

and the applicant will comply with the attached assurances if the assistance is awarded:

a. Authorized Representative (Please type or print name clearly.)

John F. Brewster

b. Title: President/CEO

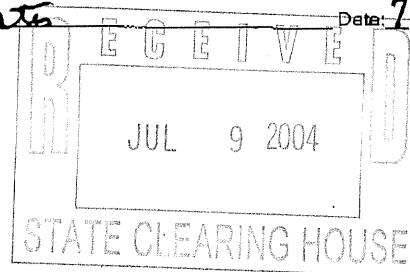
c. Tel. #: (714) 543-7212 Fax #: (714) 543-4613

d. E-Mail Address: johnbrew@pacbell.net

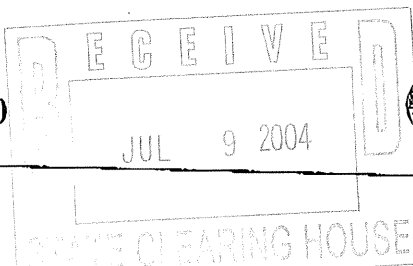
e. Signature of Authorized Representative

John F. Brewster

Date: 7/9/04



Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address
Legal Name: Boys & Girls Club of Santa Ana
Address: 950 West Highland

Organizational Unit

Santa Ana

City

CA Orange 92703
State County ZIP Code + 4

2. Applicant's D-U-N-S Number 0131016103171811

3. Applicant's T-I-N 915-118193141171

4. Catalog of Federal Domestic Assistance #: B4.11814B
Title: Mentoring Programs

6. Novice Applicant ☒ Yes ☐ No

7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No
(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.) I

A - State F - Independent School District
B - Local G - Public College or University
C - Special District H - Private, Non-profit College or
University
D - Indian Tribe I - Non-profit Organization
E - Individual J - Private, Profit-Making Organization
K - Other (Specify):

5. Project Director: John F. Brewster

Address: 950 West Highland

Santa Ana, CA 92703
City State Zip code + 4
Tel. #: (714) 543-7212 Fax #: (714) 543-4613

E-Mail Address: johnbrew@pacbell.net

Application Information

9. Type of Submission:

☒ Pre-Application ☐ Application
☐ Construction ☐ Construction
☐ Non-Construction ☒ Non-Construction

10. Is application subject to review by Executive Order 12372 process?
☒ Yes (Date made available to the Executive Order 12372
process for review): 07 F 07 F 04

☐ No (If "No," check appropriate box below.)
☐ Program is not covered by E.O. 12372.
☐ Program has not been selected by State for review.

12. Are any research activities involving human subjects planned at
any time during the proposed project period?
☐ Yes (Go to 12a.) ☒ No (Go to Item 13.)

12a. Are all the research activities proposed designated to be
exempt from the regulations?
☐ Yes (Provide Exemption(s) #):
☐ No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

Mentoring Program for Students in Substi-
tute Care or At Risk

11. Proposed Project Dates: 10/01/04 09/30/05
Start Date: End Date:

Estimated Funding

14a. Federal \$ 200,000 .00
b. Applicant \$.00
c. State \$.00
d. Local \$.00
e. Other \$.00
f. Program Income \$.00
g. TOTAL \$ 200,000 .00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true
and correct. The document has been duly authorized by the governing body of the applicant
and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

John F. Brewster

b. Title: President/CEO

c. Tel. #: (714) 543-7212 Fax #: (714) 543-4613

d. E-Mail Address: johnbrew@pacbell.net

e. Signature of Authorized Representative

John F. Brewster

Date: 7/9/04

Application for Federal Education Assistance (ED 424)

Applicant Information



U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

1. Name and Address

Legal Name: Pittsburg Pre-School and Community CouncilAddress: 1760 Chester Drive

Organizational Unit

Pittsburg
CityCA
StateContra Costa County
County94565 -
ZIP Code + 4

2. Applicant's D-U-N-S Number

1 3 1 6 0 3 0 6 0

3. Applicant's T-I-N

9 4 - 2 1 5 6 3 1 0

4. Catalog of Federal Domestic Assistance #:

8 4 1 8 4 BTitle: Mentoring Programs6. Novice Applicant ☒ Yes ☐ No7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No
(If "Yes," attach an explanation.)8. Type of Applicant (Enter appropriate letter in the box.) I

- A State
B Local
C Special District
D Indian Tribe
E Individual
F Independent School District
G Public College or University
H Private, Non-Profit College or University
I Non-Profit Organization
J Private, Profit-Making Organization
K Other (Specify):

5. Project Director: Frances GreeneAddress: 1760 Chester DrivePittsburg CA 94565 -
City State ZIP Code + 4Tel. #: (925) 439-2061 Fax #: (925) 432-7473E-Mail Address: jeanette@ppsc.org

Application Information

9. Type of Submission:

—PreApplication

☐ Construction☐ Non-Construction

—Application

☐ Construction☒ Non-Construction

JUL 09 2004

STATE CLEARING HOUSE

10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372
process for review): 7/6/2004☐ No (If "No," check appropriate box below.)☐ Program is not covered by E.O. 12372.☐ Program has not been selected by State for review.

12. Are any research activities involving human subjects planned at any time during the proposed project period?

☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

☐ Yes (Provide Exemption(s) #):☐ No (Provide Assurance #):13. Descriptive Title of Applicant's Project:
Youth Mentoring Program

11. Proposed Project Dates:

Start Date: 8/1/2004 End Date: 7/31/2005

Estimated Funding

14a. Federal	\$	161,163.00
b. Applicant	\$	0.00
c. State	\$	0.00
d. Local	\$	0.00
e. Other	\$	0.00
f. Program Income	\$	0.00
g. TOTAL	\$	161,163.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Frances Greeneb. Title Executive Directorc. Tel. #: (925) 439-2061 Fax #: (925) 432-7473d. E-Mail Address: jeanette@ppsc.orge. Signature of Authorized Representative
Frances GreeneDate: 7/6/2004

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address

Legal Name: Quest Youth Development ProgramAddress: 2607 Myrtle Street

Organizational Unit

Oakland
CityCA
StateAlameda
County94607 - 3415
ZIP Code + 4

2. Applicant's D-U-N-S Number

0 7 4 5 1 4 2 0 46. Novice Applicant ☒ Yes ☐ No

3. Applicant's T-I-N

3 7 - 1 4 3 0 7 4 17. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No
(If "Yes," attach an explanation.)

4. Catalog of Federal Domestic Assistance #:

8 4 1 8 4 BTitle: Fireseed Mentoring Program

8. Type of Applicant (Enter appropriate letter in the box.)

I

5. Project Director: Michael Evans

Address: 2607 Myrtle StreetOakland
CityCA
State94607 - 3415
ZIP Code + 4Tel. #: (510) 815-6975Fax #: (510) 964-0586E-Mail Address: michaelmae@msn.com

A State

G Public College or University

B Local

H Private, Non-Profit College or University

C Special District

I Non-Profit Organization

D Indian Tribe

J Private, Profit-Making Organization

E Individual

K Other (Specify):

F Independent School
District

Application Information

9. Type of Submission:

—PreApplication

☐ Construction☐ Non-Construction

—Application

☐ Construction☒ Non-Construction

STATE CLEARING HOUSE

10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372
process for review): 7/7/2004☐ No (If "No," check appropriate box below.)☐ Program is not covered by E.O. 12372.☐ Program has not been selected by State for review.

12. Are any research activities involving human subjects planned at any time during the proposed project period?

☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

☐ Yes (Provide Exemption(s) #):☐ No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

Fireseed Mentoring Program

11. Proposed Project Dates:

Start Date:
8/1/2004End Date:
7/31/2005

Estimated Funding

14a. Federal	\$	199,986.00
b. Applicant	\$	16,730.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	216,716.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Michael Evans

b. Title

Executive Directorc. Tel. #: (510) 815-6975Fax #: (510) 964-0586d. E-Mail Address: michaelmae@msn.com

e. Signature of Authorized Representative

Date: 6/25/2004

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address

Legal Name: Seven Tepees Youth ProgramAddress: 3177 - 17th Street

Organizational Unit

San Francisco
CityCA
StateSan Francisco
County94110 - 1332
ZIP Code + 4

2. Applicant's D-U-N-S Number

1 1 5 0 1 5 7 7 3

6. Novice Applicant ☒ Yes ☐ No

3. Applicant's T-I-N

9 4 - 3 2 3 1 0 5 9

7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No (If "Yes," attach an explanation.)

4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4 B

Title: Seven Tepees Mentoring Program

8. Type of Applicant (Enter appropriate letter in the box.) I

5. Project Director: Diane Dodge

Address: 3177 - 17th StreetSan Francisco
CityCA
State94110 - 1332
ZIP Code + 4Tel. #: (415) 522-1550Fax #: (415) 522-1551E-Mail Address: ddodge@7tepees.org

A State

G Public College or University

B Local

H Private, Non-Profit College or University

C Special District

I Non-Profit Organization

D Indian Tribe

J Private, Profit-Making Organization

E Individual

K Other (Specify):

F Independent School
District

Application Information

9. Type of Submission:

—PreApplication

—Application

☐

Construction

☐

Construction

☐

Non-Construction

☒

Non-Construction

10. Is application subject to review by Executive Order 12372 process?

☒Yes (Date made available to the Executive Order 12372
process for review): 7/7/2004☐

No (If "No," check appropriate box below.)

☐

Program is not covered by E.O. 12372.

☐

Program has not been selected by State for review.

12. Are any research activities involving human subjects planned at any time during the proposed project period?

☐

Yes (Go to 12a.)

☒

No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

☐

Yes (Provide Exemption(s) #):

☐

No (Provide Assurance #):

13. Descriptive Title of Applicant's Project Seven Tepees Mentoring Program

RECEIVED

JUL 09 2004

STATE CLEARING HOUSE

11. Proposed Project Dates:

Start Date:
8/1/2004End Date:
7/31/2005

Estimated Funding

14a. Federal	\$	105,863.00
b. Applicant	\$	25,536.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	131,399.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Diane Dodge

b. Title

Executive Directorc. Tel. #: (415) 522-1550Fax #: (415) 522-1551d. E-Mail Address: ddodge@7tepees.org

e. Signature of Authorized Representative

Date: 7/2/2004

RECEIVED

JUL 08 2004

PR/AWARD #: Q184BP44211

Application for Federal
Education Assistance

STATE CLEARING HOUSE

U.S. Department of Education
Form Approved
OMB No. 1875-0106
Exp.

Applicant Information

1. Name and Address

Legal Name: Julian Union High School District
Address: 1656 Highway 78

Organizational Unit

District Office

Julian
CityCA
StateSan Diego
County92036 -
ZIP Code + 4

2. Applicant's D-U-N-S Number

122974749

5. Novice Applicant N/A

3. Applicant's T-I-N

912142024Title: Mentoring Programs

4. Catalog of Federal Domestic Assistance #:

84 184B5. Project Director: Craig VanHoutenAddress: 981 Vale Terrace Dr.Vista
CityCA
State92084 -
ZIP Code + 4Tel. #: (760) 630-3200Fax #: (760) 630-5323E-Mail Address: evanhouten@eaglespeak.org7. Is the applicant delinquent on any Federal debt? No
(if "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.)

F

- A State G Public College or University
B Local H Non-Profit College or University
C Special District I Non-Profit Organization
D Indian Tribe J Private, Profit-Making Organization
E Individual K Other (Specify):
F Independent School District

Application Information

9. Type of Submission:

-Application

Non-Construction

12. Are any research activities involving human subjects planned
at any time during the proposed project period? No (Go to item13.)
12a. Are all the research activities proposed designated to be
exempt from the regulations? No

Yes (Provide Exemption(s) #):

10. Is application subject to review by Executive Order 12372 process?

Yes (Date made available to the Executive Order 12372
process for review): 07/07/2004

No (Provide Assurance #, if available):

11. Proposed Project Dates:

Start Date: 09/01/2004 End Date: 08/31/2007

13. Descriptive Title of Applicant's Project:

Enhancing "Success Path" Thinking of K-8 Students
Through Mentoring for Increased Academic Achievement &
Life-long Learning Skills

Estimated Funding

14a. Federal	\$	155,853	.00
b. Applicant	\$	0	.00
c. State	\$	0	.00
d. Local	\$	0	.00
e. Other	\$	0	.00
f. Program Income	\$	0	.00
g. TOTAL	\$	155,853	.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/
application are true and correct. The document has been duly
authorized by the governing body of the applicant and the applicant
will comply with the attached assurances if the assistance is awarded.

a. Typed Name of Authorized Representative

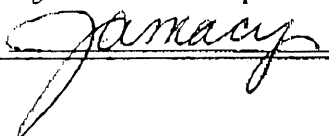
Julie A Macy

b. Title

Director of Finance

c. Tel. #: (760) 765-0606Fax #: (760) 765-2926d. E-Mail Address: jmacy@sdcoc.net

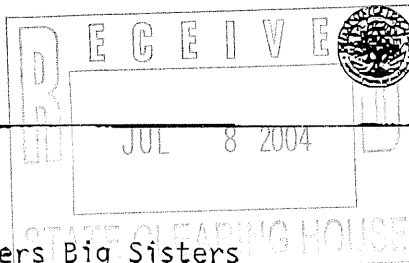
e. Signature of Authorized Representative



REV. 11/12/99

ED 424

Application for Federal
Education Assistance (ED 424)



U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address
Legal Name: Catholic Big Brothers Big Sisters

Address: 3300 W. Temple Street

Organizational Unit

Los Angeles

City

CA Los Angeles

State

County

90026-4501

ZIP Code + 4

2. Applicant's D-U-N-S Number 1 6 5 1 3 4 9 4 1

3. Applicant's T-I-N 9 5 1 6 9 0 9 7 2

4. Catalog of Federal Domestic Assistance #: 84.1 8 4 B

Title: Mentoring Programs Office of
Safe and Drug Free Schools

5. Project Director: Rosario Delgadillo

Address: 3300 W. Temple Street

Los Angeles CA 90026 4501

City State Zip code + 4
Tel. #: (213) 251 9800 Fax #: (213) 251 9855

E-Mail Address: rdelgadillo@catholicbigbrothers.org

6. Novice Applicant ☒ Yes ☐ No

7. Is the applicant delinquent on any Federal debt? ☒ Yes ☐ No
(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.) ☒ K

A - State F - Independent School District
B - Local G - Public College or University
C - Special District H - Private, Non-profit College or
University
D - Indian Tribe I - Non-profit Organization
E - Individual J - Private, Profit-Making Organization

K - Other (Specify): Faith Based/Non-Profit

Application Information

9. Type of Submission:

☒ PreApplication ☐ Application
☐ Construction ☐ Construction
☐ Non-Construction ☒ Non-Construction

10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372
process for review): 7/2/04

☐ No (If "No," check appropriate box below.)

☐ Program is not covered by E.O. 12372.
☐ Program has not been selected by State for review.

11. Proposed Project Dates: 10/1/04 9/30/07

Start Date:

End Date:

Estimated Funding

14a. Federal \$ 115,232.00

b. Applicant \$.00

c. State \$.00

d. Local \$.00

e. Other \$ 19,800.00

f. Program Income \$.00

g. TOTAL \$ 135,032.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true
and correct. The document has been duly authorized by the governing body of the applicant
and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Kenneth E. Martinet

b. Title: President/CEO

c. Tel. #: (213) 251 9800 Fax #: (213) 251 9855

d. E-Mail Address: kmartinet@catholicbigbrothers.org

e. Signature of Authorized Representative

[Signature]

Date: 7/2/04

Application for Federal Education Assistance



Note: If available, please provide application package on diskette and specify the file format

U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp.

Applicant Information

1. Name and Address

Legal Name: San Bernardino County Superintendent of Schools

Organizational Unit

Address: 601 North E Street

San Bernardino
City

CA
State

San Bernardino County
County

92410 - 3093
ZIP Code + 4

2. Applicant's D-U-N-S Number: 1 8 4 1 2 2 7 1 1 1

3. Applicant's T-I-N 9 5 - 6 0 0 0 9 3 1

6. Is the applicant delinquent on any Federal debt? Yes XNo
(If "Yes," attach an explanation.)

Title: Mentoring Program

4. Catalog of Federal Domestic Assistance #: 84 1 8 4 B →

5. Project Director: Julian Weaver

Address: SLPP FYS 601 North E Street

San Bernardino CA 92410 3093
City State Zip code + 4

Tel. #: (909) 386 - 2902 Fax #: (909) 386 - 2940

E-Mail Address: julian_weaver@sbcss.k12.ca.us

7. Type of Applicant (Enter appropriate letter in the box.) N

A - State H - Independent School District
B - County I - Public College or University
C - Municipal J - Private, Non-Profit College or University
D - Township K - Indian Tribe
E - Interstate L - Individual
F - Intermunicipal M - Private, Profit-Making Organization
G - Special District N - Other (Specify): County Office

8. Novice Applicant N/A Yes No

Application Information

9. Type of Submission:

-PreApplication -Application
Construction Construction
Non-Construction X Non-Construction

10. Is application subject to review by Executive Order 12372 process?

X Yes (Date made available to the Executive Order 12372
process for review): 07 / 07 / 2004

No (If "No," check appropriate box below.)

Program is not covered by E.O. 12372.
Program has not been selected by State for review.

11. Proposed Project Dates: 10 / 01 / 04 09 / 30 / 07
Start Date: End Date:

12. Are any research activities involving human subjects planned at
any time during the proposed project period? Yes XNo
a. If "Yes," Exemption(s) #: b. Assurance of Compliance #:

OR

c. IRB approval date: Full IRB or
Expedited Review

13. Descriptive Title of Applicant's Project:

Students Need A Promise (SNAP)

JUL 8 2004

Estimated Funding

14a. Federal \$ 703,480 .00
b. Applicant \$.00
c. State \$.00
d. Local \$.00
e. Other \$.00
f. Program Income \$.00
g. TOTAL \$ 703,480 .00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true
and correct. The document has been duly authorized by the governing body of the applicant
and the applicant will comply with the attached assurances if the assistance is awarded.

a. Typed Name of Authorized Representative

Janice O'Rourke

b. Title: Program Manager, Contracts

c. Tel. #: (909) 433 - 4769 Fax #: (909) 433 - 4770

d. E-Mail Address: Janice.O'Rourke@sbcss.k12.ca.us

e. Signature of Authorized Representative

Jan O'Rourke

Date: 07/07/04

Application for Federal Education Assistance (ED 424)


U.S. Department of Education

 Form Approved
OMB No. 1875-0108
Exp. 11/30/2004

Applicant Information
1. Name and Address

 Legal Name: **Youth Learning & Cultural Institute**

 Address: **1642 Fruitvale Avenue**
Oakland CA Alameda 95601
 City State County ZIP Code + 4

Organizational Unit**2. Applicant's D-U-N-S Number** 08 | 3 | 1 | 1 | 6 | 5 | 6 | YLCI_

3. Applicant's T-I-N 9 | 4 | 3 | -2 | 5 | 1 | 2 | 5 | 8 |

4. Catalog of Federal Domestic Assistance #: 84. 1 | 8 | 4 | B |

 Title: **Lowell Middle School Project Director**
5. Project Director - Patricia Brooks

 Address: **1642 Fruitvale Avenue**
Oakland CA 94601
 City State Zip code + 4
 Tel. #: (510) 366-8850 Fax #: (510) 923-1214
 E-Mail Address: **YLCI94@aol.com**
6. Novice Applicant ___ Yes ___ No

7. Is the applicant delinquent on any Federal debt? ___ Yes ☒ No
 (If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.) | I |

A - State	F - Independent School District
B - Local	G - Public College or University
C - Special District	H - Private, Non-profit College or University
D - Indian Tribe	I - Non-profit Organization
E - Individual	J - Private, Profit-Making Organization

K - Other (Specify):

Application Information
9. Type of Submission:

<input checked="" type="checkbox"/> Pre-Application	<input type="checkbox"/> Application
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction
<input type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Non-Construction

10. Is application subject to review by Executive Order 12372 process?
☒ Yes (Date made available to the Executive Order 12372 process for review): 07/07/04

☐ No (If "No," check appropriate box below.)

☐ Program is not covered by E.O. 12372.

☐ Program has not been selected by State for review.

11. Proposed Project Dates: 10/1/04

Start Date:

9/30/07

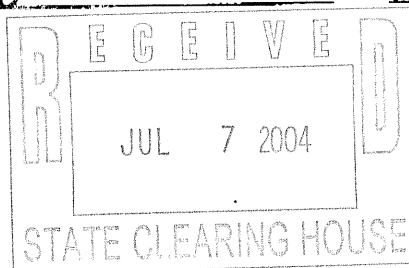
End Date:

Estimated Funding

14a. Federal	\$ 654,135.00
b. Applicant	\$ 390,000.00
c. State	\$ _____ .00
d. Local	\$ _____ .00
e. Other	\$ 150,000.00
f. Program Income	\$ _____ .00
g. TOTAL	\$ 1,194,135.00

Authorized Representative Information
15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.
a. Authorized Representative (Please type or print name clearly.)
Patricia Brooks
b. Title: Executive Director
c. Tel. #: (510) 366-8850 Fax #: (510) 923-1214
d. E-Mail Address: YLCI94@aol.com
e. Signature of Authorized Representative
Patricia Brooks

Date: 7/7/04



Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address

Legal Name: Youth Policy Institute

Address: 634 S. Spring Street
Suite 818

City Los Angeles

Organizational Unit

CA
StateLos Angeles
County90014 -
ZIP Code + 4

2. Applicant's D-U-N-S Number

0 2 2 3 1 9 3 4 2

3. Applicant's T-I-N

5 2 - 1 2 7 8 3 3 9

4. Catalog of Federal Domestic Assistance #:

8 4 1 8 4 B

Title: Mentoring Programs

6. Novice Applicant

☐ Yes ☒ No

7. Is the applicant delinquent on any Federal debt? (If "Yes," attach an explanation.)

☐ Yes ☒ No

8. Type of Applicant (Enter appropriate letter in the box.)

I

- | | |
|-------------------------------|---|
| A State | G Public College or University |
| B Local | H Private, Non-Profit College or University |
| C Special District | I Non-Profit Organization |
| D Indian Tribe | J Private, Profit-Making Organization |
| E Individual | K Other (Specify): |
| F Independent School District | |

5. Project Director: Dixon Slingerland

Address: 634 S. Spring Street, Suite 818

City Los Angeles

CA

90014 -

City

State

ZIP Code + 4

Tel. #: (213) 688-2802

Fax #: (213) 688-2942

E-Mail Address: dslingerland@ypiusa.org

Application Information

9. Type of Submission:

—PreApplication

—Application

☐ Construction☐ Construction☐ Non-Construction☒ Non-Construction

10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372 process for review): 7/7/2004☐ No (If "No," check appropriate box below.)☐ Program is not covered by E.O. 12372.☐ Program has not been selected by State for review.

12. Are any research activities involving human subjects planned at any time during the proposed project period?

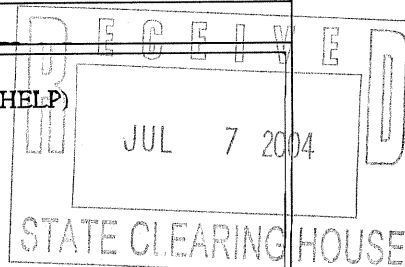
☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

☐ Yes (Provide Exemption(s) #):☐ No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

High Expectations Learning Project (HELP)



11. Proposed Project Dates:

Start Date:
10/1/2004End Date:
9/30/2007

Estimated Funding

14a. Federal	\$	598,000.00
b. Applicant	\$	.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	598,000.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Dixon Slingerland

b. Title

Executive Director

c. Tel. #: (213) 688-2802

Fax #: (213) 688-2942

d. E-Mail Address: dslingerland@ypiusa.org

e. Signature of Authorized Representative

Date: 7/7/2004

Application for Federal Education Assistance (ED 424)


U.S. Department of Education

 Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information
1. Name and Address

Organizational Unit

 Legal Name: OFFICE OF SAMOAN AFFAIRS

 Address: 20715 S. Avalon Blvd. #200
Carson
City

CA
State

LA
County

90746
ZIP Code + 4

 2. Applicant's D-U-N-S Number 11711708331

 6. Novice Applicant Yes No

 3. Applicant's T-I-N 914126111727

 7. Is the applicant delinquent on any Federal debt? Yes X No
(If "Yes," attach an explanation.)

 4. Catalog of Federal Domestic Assistance #: 84.184B

 8. Type of Applicant (Enter appropriate letter in the box.) I

 Title: "Samoan Urban Village Mentorship
Program for Youth"

 5. Project Director: June Pouesi

 A - State
B - Local
C - Special District
University
D - Indian Tribe
E - Individual
F - Independent School District
G - Public College or University
H - Private, Non-profit College or
I - Non-profit Organization
J - Private, Profit-Making Organization

 Address: 20715 S. Avalon Blvd. #200
Carson, CA 90746
City State Zip code + 4
Tel. #: (310) 538-0555 Fax #: (310) 538-1960

 E-Mail Address: jpouesi@aol.com
Application Information
9. Type of Submission:

 -PreApplication -Application
Construction Construction
Non-Construction X Non-Construction
10. Is application subject to review by Executive Order 12372 process?
Yes (Date made available to the Executive Order 12372
process for review): 1/1/04
No (If "No," check appropriate box below.)

Program is not covered by E.O. 12372.
Program has not been selected by State for review.

 11. Proposed Project Dates: 10/1/04 9/30/07
Start Date: End Date:

 12. Are any research activities involving human subjects planned at
any time during the proposed project period?
Yes (Go to 12a.) X No (Go to item 13.)

 12a. Are all the research activities proposed designated to be
exempt from the regulations?

Yes (Provide Exemption(s) #):

No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:
"Samoan Urban Village Mentorship Program
for Youth grades 4 to 8."
Estimated Funding

 14a. Federal \$ 200,000 .00
b. Applicant \$.00
c. State \$.00
d. Local \$.00
e. Other \$.00
f. Program Income \$.00
g. TOTAL \$ 200,000 .00

Authorized Representative Information

 15. To the best of my knowledge and belief, all data in this preapplication/application are true
and correct. The document has been duly authorized by the governing body of the applicant
and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

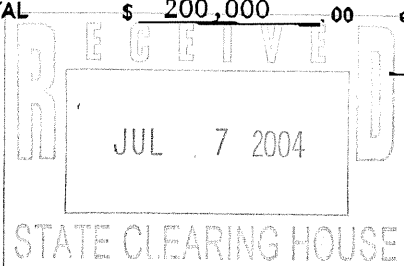
June Pouesi

 b. Title: Director

c. Tel. #: (310) 538-0555 Fax #: (310) 538-1960

 d. E-Mail Address: jpouesi@aol.com

e. Signature of Authorized Representative

 Date: 7/21/04


Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address

Legal Name: **Ethiopian Center for Public Benefit, inc.**

Address: 6035 University Ave. Suite 35

City: **San Diego**

State: **CA**

County: **U.S.A.**

ZIP Code + 4: **92115**

2. Applicant's D-U-N-S Number 148391092

3. Applicant's T-I-N 841639185

4. Catalog of Federal Domestic Assistance #: **64** 184B

Title: **1st Generation Mentoring**

5. Project Director: **Dr. Ahungena Alemayyehu**

4082 Albatross St # 15

San Diego, CA 92105

Tel. #: (**619**) **990** **0806**

E-Mail Address: **mclearning@hotmail.com**

Organizational Unit

1st Generation Mentoring

6. Novice Applicant ☒ Yes ☐ No

7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No
(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.)

A - State

B - Local

C - Special District

University

D - Indian Tribe

E - Individual

K - Other (Specify):

F - Independent School District

G - Public College or University

H - Private, Non-profit College or

University

I - Non-profit Organization

J - Private, Profit-Making Organization

Application Information

9. Type of Submission: **Application**

-PreApplication

-Application

☐ Construction

☐ Construction

☐ Non-Construction

☐ Non-Construction

10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372 process for review): 06 / 24 / 04

☐ No (If "No," check appropriate box below.)

☐ Program is not covered by E.O. 12372.

Mentoring

☐ Program has not been selected by State for review.

11. Proposed Project Dates: 09 / 01 / 2004 08 / 30 / 2005
Start Date: End Date:

Estimated Funding

14a. Federal **\$194,767.00**

b. Applicant **\$0.00**

c. State **\$0.00**

d. Local **\$0.00**

e. Other **\$0.00**

f. Program Income **\$0.00**

g. TOTAL **\$194,767.00**

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative: **Dr. Ahungena Alemayyehu**
4082 Albatross St # 15
San Diego, CA 92105

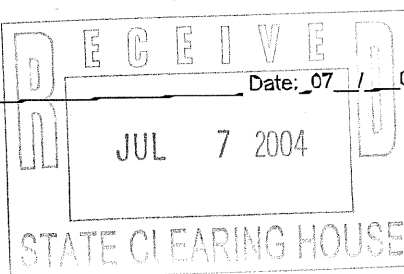
b. Title: **Director of 1st Generation Mentoring,**

c. Tel. #: (**619**) **990** **0806**

d. E-Mail Address: **mclearning@hotmail.com**

e. Signature of Authorized Representative

[Signature]



Application for Federal Education Assistance (ED 424)

U.S. Department of Education

 Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address

Legal Name: Korean American Family Service Center, Inc.Address: 3727 W. 6th Street, Suite 509
Los Angeles
City

CA
State

U.S.A
County

90020 - 5110
ZIP Code + 4
2. Applicant's D-U-N-S Number 118151141814191513. Applicant's T-I-N 91511318191913121914. Catalog of Federal Domestic Assistance #: 84. 118141B1Title: Mentoring Program5. Project Director: Chong-Goo (Peter) ChangAddress: 3727 W. 6th Street, Suite 509
Los Angeles CA 90020 5110
City State Zip code + 4
Tel. #: (213) 637 - 9342 Fax #: (213) 389 - 5172
E-Mail Address: petercy@hanmail.net

Application Information

9. Type of Submission:

<input type="checkbox"/> PreApplication	<input type="checkbox"/> Application
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction
<input type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Non-Construction

10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372 process for review): 07/07/04
☐ No (If "No," check appropriate box below.)

☐ Program is not covered by E.O. 12372.

☐ Program has not been selected by State for review.

 11. Proposed Project Dates: 10/01/04 - 09/30/07
Start Date: End Date:

Estimated Funding

14a. Federal	\$ <u>174,880</u> . 00
b. Applicant	\$ _____ . 00
c. State	\$ _____ . 00
d. Local	\$ <u>10,800</u> . 00
e. Other	\$ _____ . 00
f. Program Income	\$ _____ . 00
g. TOTAL	\$ <u>185,680</u> . 00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Chong-Goo (Peter) Changb. Title: Executive Directorc. Tel. #: (213) 637 - 9342 Fax #: (213) 389 - 5172d. E-Mail Address: petercy@hanmail.net

e. Signature of Authorized Representative

Date: 07/06/04

(3) Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior that is not exempt under section (2) above, if the human subjects are elected or appointed public officials or candidates for public office;

Application for Federal Education Assistance (ED 424)

Applicant Information



U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

1. Name and Address

Legal Name: Young Men's Christian Association of AnaheimAddress: 240 South Euclid StreetCity
AnaheimState
CaCounty
OrangeZIP Code + 4
92802 - 1047

2. Applicant's D-U-N-S Number

0 3 0 5 8 4 2 4 7

3. Applicant's T-I-N

9 5 - 1 7 0 9 2 9 9

4. Catalog of Federal Domestic Assistance #:

8 4 J 8 4 B

Title: GoalGetters5. Project Director: Debbie JauchAddress: 240 South Euclid StreetCity
AnaheimState
CaZIP Code + 4
92802 - 1047Tel. #: (714) 635-9622Fax #: (714) 239-2047E-Mail Address: djauch@anaheimymca.org

Organizational Unit

6. Novice Applicant ☐ Yes ☐ No7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No
(If "Yes," attach an explanation.)8. Type of Applicant (Enter appropriate letter in the box.) I

A State

B Local

C Special District

D Indian Tribe

E Individual

F Independent School
District

G Public College or University

H Private, Non-Profit College or University

I Non-Profit Organization

J Private, Profit-Making Organization

K Other (Specify):

Application Information

9. Type of Submission:

—PreApplication

☐ Construction☐ Non-Construction

—Application

☐ Construction☒ Non-Construction

10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372
process for review): 7/7/2004☐ No (If "No," check appropriate box below.)☐ Program is not covered by E.O. 12372.☐ Program has not been selected by State for review.

11. Proposed Project Dates:

Start Date:
10/1/2004End Date:
9/30/2007

12. Are any research activities involving human subjects planned at any time during the proposed project period?

☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

☐ Yes (Provide Exemption(s) #):☐ No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

GoalGetters Hispanic Mentoring Program: A collaborative mentoring program operating in a 5 day a week, year round afterschool program that is designed to increase greatest needs Hispanic students' academic, social and goal-setting skills.

Estimated Funding

14a. Federal	\$	427,524	.00
b. Applicant	\$	-0-	.00
c. State	\$	-0-	.00
d. Local	\$	-0-	.00
e. Other	\$	-0-	.00
f. Program Income	\$	-0-	.00
g. TOTAL	\$	427,524	0.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Todd Amentb. Title Chief Operations Officerc. Tel. #: (714) 635-9622 Fax #: (714) 635-8151d. E-Mail Address: toddament@anaheimymca.org

e. Signature of Authorized Representative

Date: 7/7/2004

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address

Legal Name: Assistance League of Southern California

Address: 8134 Van Nuys Blvd. #200

Organizational Unit

Volunteer Center of Los Angeles

Panorama City CA Los Angeles 91402 - 4818
City State County ZIP Code + 4

2. Applicant's D-U-N-S Number 0714136847

6. Novice Applicant ☐ Yes ☒ No

3. Applicant's T-I-N 9511641960

7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No
(If "Yes," attach an explanation.)

4. Catalog of Federal Domestic Assistance #: 84.184B

Title: Mentoring Programs

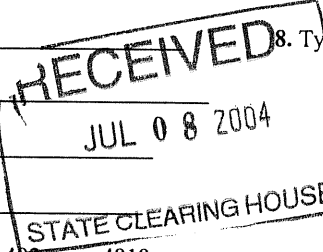
5. Project Director: Jim Leahy, Executive Director

Address: 8134 Van Nuys Blvd. #200

Panorama City CA 91402 - 4818
City State Zip code + 4

Tel. #: (818) 908 - 5068 Fax #: (818) 908 - 5147

E-Mail Address: jimleahy@vcla.net



8. Type of Applicant (Enter appropriate letter in the box.) I

A - State F - Independent School District
B - Local G - Public College or University
C - Special District H - Private, Non-profit College or University
D - Indian Tribe I - Non-profit Organization
E - Individual J - Private, Profit-Making Organization

K - Other (Specify): _____

Application Information

9. Type of Submission:

-PreApplication -Application
☐ Construction ☐ Construction
☐ Non-Construction ☒ Non-Construction

10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372
process for review): 07/06/2004

☐ No (If "No," check appropriate box below.)

☐ Program is not covered by E.O. 12372.
☐ Program has not been selected by State for review.

11. Proposed Project Dates: 10/01/2004 09/30/2007
Start Date: End Date:

12. Are any research activities involving human subjects planned at
any time during the proposed project period?
☒ Yes (Go to 12a.) ☐ No (Go to item 13.)

12a. Are all the research activities proposed designated to be
exempt from the regulations?

☐ Yes (Provide Exemption(s) #): _____

☒ No (Provide Assurance #): None

13. Descriptive Title of Applicant's Project:

Madison Community Collaborative Mentoring Program

Estimated Funding

14a. Federal \$ 599,899 .00
b. Applicant \$ _____ .00
c. State \$ _____ .00
d. Local \$ _____ .00
e. Other \$ _____ .00
f. Program Income \$ _____ .00
g. TOTAL \$ 599,899 .00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true
and correct. The document has been duly authorized by the governing body of the applicant
and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Pat Spears

b. Title: President

c. Tel. #: (323) 469 - 1973 Fax #: (323) 469 - 3533

d. E-Mail Address: pspears@assistanceleague.net

e. Signature of Authorized Representative

Pat Spears

Date: 6/30/04

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7703

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED June 16, 2004	Applicant Identifier	
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
<input type="checkbox"/> Non-Construction		NA04NOS4190176		
5. APPLICANT INFORMATION				
Legal Name: City of Goleta		Organizational Unit: Department: City Manager's Office		
Organizational DUNS: 121312131		Division:		
Address: Street: 130 Cremona Dr., Ste. B		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Goleta		Prefix: Ms.	First Name: Patrice	
County: Santa Barbara		Middle Name: Jean		
State: CA		Last Name: Frey		
Country: USA		Suffix:		
Zip Code: 93117		Email: pfrey@cityofgoleta.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0590291		Phone Number (give area code) (805) 961-7506		Fax Number (give area code) (805) 685-2635
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) C Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-419		9. NAME OF FEDERAL AGENCY: Department of Commerce		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): University of California, Santa Barbara; City of Goleta; County of Santa Barbara		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Ellwood Mesa Acquisition		
13. PROPOSED PROJECT Start Date: October 1, 2004 Ending Date: September 30, 2005		14. CONGRESSIONAL DISTRICTS OF: a. Applicant California - 23rd b. Project California - 23rd		
15. ESTIMATED FUNDING: a. Federal \$ 791,582 b. Applicant \$ c. State \$ 791,582 d. Local \$ e. Other Private \$ f. Program Income \$ g. TOTAL \$ 1,583,164		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: June 24, 2004 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
a. Authorized Representative				
Prefix Mr.		First Name Frederick		Middle Name Charles
Last Name Stouder		Suffix		
b. Title City Manager		c. Telephone Number (give area code) (805) 961-7501		
d. Signature of Authorized Representative <i>Frederick Stouder</i>		e. Date Signed 6/16/2004		

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED June 28, 2004		Applicant Identifier N/A							
<i>Preapplication</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Applicant Identifier N/A							
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier N/A							
5. APPLICANT INFORMATION											
Legal Name: <u>Murrieta, City of</u>			Organizational Unit: <u>Police Department</u>								
Organizational DUNS: <u>#007947307</u>			Division: <u>Support Division</u>								
Address (give city, county, state, and zip code): <u>24701 Jefferson Avenue</u> <u>Murrieta, CA 92562</u>			Name and telephone number of person to be contacted on matters involving this application (give area code) Name: <u>Captain(s) Steve Porter & Mike Payne</u> Phone: <u>(909) 461-6324 & 461-6325</u>								
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <u>330468975</u>			7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> C A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____								
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____			9. NAME OF FEDERAL AGENCY: <u>Department of Justice</u> <u>Office of Community Oriented Policing Services</u>								
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <table border="1"><tr><td>1</td><td>6</td><td>.</td><td>7</td><td>1</td><td>0</td></tr></table> TITLE: <u>2004 Technology Initiative</u>			1	6	.	7	1	0	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <u>Mobile Data Computer Terminals in vehicles</u>		
1	6	.	7	1	0						
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): <u>Cities</u>											
13. PROPOSED PROJECT: Start Date <u>1/23/2004</u> Ending Date <u>1/22/2005</u>		14. CONGRESSIONAL DISTRICTS OF: a. Applicant <u>43</u> b. Project <u>43</u>									
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?									
a. Federal	\$ <u>197895.00</u>	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>6/25/04</u>									
b. Applicant	\$ <u>.00</u>	b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372									
c. State	\$ <u>.00</u>	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW									
d. Local	\$ <u>217,905.00</u>										
e. Other	\$ <u>.00</u>										
f. Program Income	\$ <u>.00</u>										
g. TOTAL	\$ <u>415,800.00</u>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No									
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.											
a. Typed Name of Authorized Representative <u>Stephen N. Mandoki</u>		b. Title <u>City Manager</u>		c. Telephone number <u>909-461-6010</u>							
d. Signature of Authorized Representative <u>Stephen N. Mandoki</u>				e. Date Signed <u>6-25-04</u>							

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address

Legal Name: SER-Jobs For Progress, Inc. - San Joaquin Valley
Address: 407 S. Clovis, Suite 109

Organizational Unit

SER-Jobs For Progress, Inc.

Fresno
City

CA
State

Fresno
County

93727--4284
ZIP Code + 4

2. Applicant's D-U-N-S Number 047902197

6. Novice Applicant Yes X No

3. Applicant's T-I-N 9412188609

7. Is the applicant delinquent on any Federal debt? Yes X No
(If "Yes," attach an explanation.)

4. Catalog of Federal Domestic Assistance #: 84.184B

Title: Mentoring Programs

8. Type of Applicant (Enter appropriate letter in the box.) L

A - State
B - Local
C - Special District
D - Indian Tribe
E - Individual
F - Independent School District
G - Public College or University
H - Private, Non-profit College or University
I - Non-profit Organization
J - Private, Profit-Making Organization

K - Other (Specify): _____

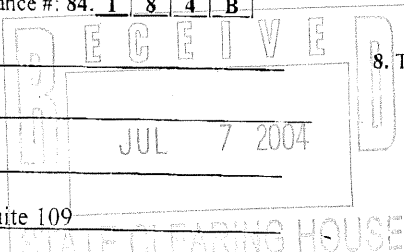
5. Project Director: Michael Jimenez

Address: 407 S. Clovis, Suite 109

Fresno CA 93727-4284
City State Zip code + 4

Tel. #: (559) 452-0881 Fax #: (559) 452-8038

E-Mail Address: mikejser@sbeglobal.net



Application Information

9. Type of Submission:

-PreApplication -Application
Construction Construction
Non-Construction X Non-Construction

10. Is application subject to review by Executive Order 12372 process?

X (Date made available to the Executive Order 12372
process for review): 07 / 07 / 04

No (If "No," check appropriate box below.)

Program is not covered by E.O. 12372.

Program has not been selected by State for review.

12. Are any research activities involving human subjects planned at
any time during the proposed project period?
Yes (Go to 12a.) X No (Go to item 13.)

12a. Are all the research activities proposed designated to be
exempt from the regulations?

Yes (Provide Exemption(s) #): _____

No (Provide Assurance #): _____

13. Descriptive Title of Applicant's Project:

SER-Mentoring Program

11. Proposed Project Dates: 10 / 01 / 04 09 / 30 / 07

Start Date: End Date:

Estimated Funding

14a. Federal \$ 173,560.00
b. Applicant \$ _____
c. State \$ _____
d. Local \$ _____
e. Other \$ _____
f. Program Income \$ _____
TOTAL \$ 173,560.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true
and correct. The document has been duly authorized by the governing body of the applicant
and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

REBECCA MENDIBLES

b. Title: EXECUTIVE DIRECTOR

c. Tel. #: (559) 452-0881

Fax #: (559) 452-8038

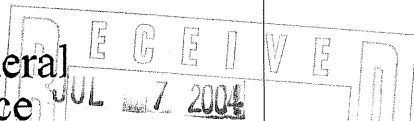
d. E-Mail Address: becki.m@sbeglobal.net

e. Signature of Authorized Representative

Rebecca Mendibles

Date: 07 / 07 / 04

Application for Federal Education Assistance



U.S. Department of Education
Form Approved
OMB No. 1875-0106
Exp.

Applicant Information

1. Name and Address

Legal Name: Jewish Family Service of San Diego
Address: 3715 Sixth Avenue

Organizational Unit

Parenting and Youth Services Division

San Diego
City

CA
State

San Diego
Country

92103 -
ZIP Code + 4

2. Applicant's D-U-N-S Number

072496086

3. Applicant's T-I-N

951644024

Title: Mentoring Programs

4. Catalog of Federal Domestic Assistance #:

84 184B

5. Project Director: Yve Skeet

Address: Jewish Family Service of San Diego 3715 Sixth Avenue

San Diego
City

CA
State

92103 -
ZIP Code + 4

Tel. #: (619) 291-0473

Fax #: (619) 291-2419

E-Mail Address: yves@jffssd.org

6. Novice Applicant N/A

7. Is the applicant delinquent on any Federal debt? No
(if "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.) I

- | | |
|-------------------------------|---------------------------------------|
| A State | G Public College or University |
| B Local | H Non-Profit College or University |
| C Special District | I Non-Profit Organization |
| D Indian Tribe | J Private, Profit-Making Organization |
| E Individual | K Other (Specify): |
| F Independent School District | |

Application Information

9. Type of Submission:

--Application

Non-Construction

10. Is application subject to review by Executive Order 12372 process?

Yes (Date made available to the Executive Order 12372 process for review): 07/07/2004

12. Are any research activities involving human subjects planned at any time during the proposed project period? No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations? No

Yes (Provide Exemption(s) #):

No (Provide Assurance #, if available):

11. Proposed Project Dates:

Start Date: 10/01/2004 End Date: 09/30/2007

13. Descriptive Title of Applicant's Project:

Project MOST (Mentors Offering Student Triumphs)

Estimated Funding

14a. Federal	\$	198,845	.00
b. Applicant	\$	20,923	.00
c. State	\$	0	.00
d. Local	\$	0	.00
e. Other	\$	0	.00
f. Program Income	\$	0	.00
g. TOTAL	\$	219,768	.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Typed Name of Authorized Representative

Jill Spitzer

b. Title

Executive Director

c. Tel. #: (619) 291-0473

Fax #: (619) 291-2419

d. E-Mail Address: yves@jffssd.org

e. Signature of Authorized Representative

Application for Federal Education Assistance (ED 424)

Applicant Information



U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

1. Name and Address

Legal Name: Santa Clara County Office of EducationAddress: 1290 Ridder Park DriveSan Jose
CityCA
StateSanta Clara
County95131 - 2398
ZIP Code + 4

2. Applicant's D-U-N-S Number

6 0 2 8 5 8 4 4 1

3. Applicant's T-I-N

7 7 - 0 2 7 2 1 6 8

4. Catalog of Federal Domestic Assistance #:

8 4 1 8 4 BTitle: Mentoring Programs5. Project Director: G. Jeffrey BornefeldAddress: 1290 Ridder Park DriveSan Jose
CityCA
State95131 - 2398
ZIP Code + 4Tel. #: (408) 453-6560Fax #: (408) 453-6548E-Mail Address: jeffb@ccpy.org

Organizational Unit

Alternative Schools6. Novice Applicant ☐ Yes ☒ No7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No
(If "Yes," attach an explanation.)8. Type of Applicant (Enter appropriate letter in the box.) K

- | | |
|-------------------------------|---|
| A State | G Public College or University |
| B Local | H Private, Non-Profit College or University |
| C Special District | I Non-Profit Organization |
| D Indian Tribe | J Private, Profit-Making Organization |
| E Individual | K Other (Specify): |
| F Independent School District | <u>County Office of Education</u> |

Application Information

9. Type of Submission:

—PreApplication

☐ Construction☐ Non-Construction

—Application

☐ Construction☒ Non-Construction

10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372 process for review): 7/7/2004☐ No (If "No," check appropriate box below.)☐ Program is not covered by E.O. 12372.☐ Program has not been selected by State for review.

11. Proposed Project Dates:

Start Date:
10/1/2004End Date:
9/30/2007

12. Are any research activities involving human subjects planned at any time during the proposed project period?

☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

☐ Yes (Provide Exemption(s) #):☐ No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

SCCOE Alternative School Mentoring Program

Estimated Funding

14a. Federal	\$	200,000.00
b. Applicant	\$	.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	200,000.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Joe Fimiani

b. Title

Assistant Superintendent - Student Servicesc. Tel. #: (408) 453-6560Fax #: (408) 453-6548d. E-Mail Address: Joe_Fimiani@sccoe.org

e. Signature of Authorized Representative

Date: 7/2/2004

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address

Legal Name Klamath Trinity Joint Unified School District

Address: P.O. Box 1308

Hoopa CA Humboldt
City State County

95546
ZIP Code + 4

2. Applicant's D-U-N-S Number 1011233435171

3. Applicant's T-I-N 1941-1610102118181

4. Catalog of Federal Domestic Assistance #: 84.1184.B

Title: Mentoring Program

5. Project Director: Sarah Supahan

Address: P.O. Box 1308

Hoopa CA 95546
City State Zip code + 4

Tel. #: (530) 625-4412 Fax #: (530) 625-4697

E-Mail Address: ssupahan@humboldt.k12.ca.us

Application Information

9. Type of Submission:

☐ PreApplication ☐ Application
☐ Construction ☐ Construction
☐ Non-Construction ☒ Non-Construction

10. Is application subject to review by Executive Order 12372 process?
☒ Yes (Date made available to the Executive Order 12372
process for review): 6/28/2004

☐ No (If "No," check appropriate box below.)
☐ Program is not covered by E.O. 12372.
☐ Program has not been selected by State for review.

11. Proposed Project Dates: 8/16/2004 8/16/2007
Start Date: End Date:

Estimated Funding

14a. Federal \$ 568,760 .00
b. Applicant \$ _____ .00
c. State \$ _____ .00
d. Local \$ _____ .00
e. Other \$ _____ .00
f. Program Income \$ _____ .00
g. TOTAL \$ 568,760 .00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Arturo M. Vasquez

b. Title: Superintendent

c. Tel. #: (530) 625-4255 Fax #: (530) 625-4133

d. E-Mail Address: avasquez@humboldt.k12.ca.us

e. Signature of Authorized Representative

Arturo M. Vasquez

Date: 7.7.04

Organizational Unit

6. Novice Applicant ☐ Yes ☒ No

7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No
(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.) B
A - State F - Independent School District
B - Local G - Public College or University
C - Special District H - Private, Non-profit College or University
D - Indian Tribe I - Non-profit Organization
E - Individual J - Private, Profit-Making Organization
K - Other (Specify):

12. Are any research activities involving human subjects planned at any time during the proposed project period?
☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?
☐ Yes (Provide Exemption(s) #): _____

☐ No (Provide Assurance #): _____

13. Descriptive Title of Applicant's Project:

"From the Circle Mentoring Program"

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

 Form Approved
 OMB No. 1875-0106
 Exp. 11/30/2004

Applicant Information

1. Name and Address

 Legal Name: San Diego State University Foundation
 Address: 5250 Campanile Drive

Organizational Unit

San Diego

City

CA

State

San Diego

County

92182 - 1931

ZIP Code + 4

2. Applicant's D-U-N-S Number

0 7 3 3 7 1 3 4 6

3. Applicant's T-I-N

9 5 - 6 0 4 2 7 2 1

4. Catalog of Federal Domestic Assistance

8 4 1 8 4 BTitle: Mentoring Programs5. Project Director: Douglas FisherAddress: 4283 El Cajon Blvd., #100San Diego

City

CA

State

92105

ZIP Code + 4

Tel #: (619) 594-2507Fax #: (619) 594-8810E-Mail Address: dfisher@mail.sdsu.edu

6. Novice Applicant

☐ Yes ☒ No

7. Is the applicant delinquent on any Federal debt?

☐ Yes ☒ No

8. Type of Applicant (Enter appropriate letter in the box)

I

A State

G Public College or University

B Local

H Private, Non-profit College or University

C Special District

I Non-profit Organization

D Indian Tribe

J Private, Profit-Making Organization

E Individual

K Other (Specify):

F Independent School

District

Application Information

9. Type of Submission:

— *PreApplication*— *Application*☐ Construction☐ Construction☒ Non-Construction☐ Non-Construction

12. Are any research activities involving human subjects planned at any time during the proposed project period?

☐ Yes (Go to 12a)☒ No (Go to item 13)

12a. Are all the research activities proposed designed to be exempt from the regulations?

☐ Yes (Provide Exemption(s) #):☐ No (Provide Assurance #, if available):

10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372process for review): 7/7/2004☐ No (If "No", check appropriate box below.)☐ Program is not covered by E.O. 12372.☐ Program has not been selected by State for review.

13. Descriptive Title of Applicant's Project:

City Heights Educational Collaborative Mentoring Initiative (CHEC-MI)

11. Proposed Project Dates:

Start Date:

1/1/2004

End Date:

12/31/2007

Estimated Funding

14a. Federal	\$	<u>168,693</u>	.00
b. Applicant	\$		.00
c. State	\$		.00
d. Local	\$		.00
e. Other	\$		.00
f. Program Income	\$		.00
g. TOTAL	\$	<u>168,693</u>	.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Camille Nebeker

b. Title

Interim, Assistant VP for Researchc. Tel #: (619)594-6622Fax #: (619)594-4109d. E-Mail Address: awards@foundation.sdsu.edu

e. Signature of Authorized Representative

Date:

7/16/04

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: City of Firebaugh		Organizational Unit: Department: Police/Fire Dept's	
Organizational DUNS: 143922875		Division: Administrative	
Address: Street: 1575 11th Street		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Firebaugh		Prefix: Mr.	First Name: Jose
County: Fresno		Middle Name: Antonio	
State: Ca		Last Name: RAMIREZ	
Zip Code: 93622		Suffix:	
Country: USA		Email: citymanager@ci.firebaugh.ca.us	

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

94-6000333

Phone Number (give area code)	Fax Number (give area code)
(559) 659-2043	(559) 659-3412

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ RevisionIf Revision, enter appropriate letter(s) in box(es)
(See back of form for description of letters.)

Other (specify)

7. TYPE OF APPLICANT: (See back of form for Application Types)

Municipal

Other (specify)

9. NAME OF FEDERAL AGENCY:

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

TITLE (Name of Program):

10-749

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Purchase of emergency response vehicles for police and fire

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

Firebaugh, City of

13. PROPOSED PROJECT

Start Date: Ending Date:

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
20th District	20th District

15. ESTIMATED FUNDING:

a. Federal	\$	30,126	00
b. Applicant	\$		00
c. State	\$		00
d. Local	\$	170,000	00
e. Other	\$	30,000	00
f. Program Income	\$		00
g. TOTAL	\$	230,126	00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. Yes. ☐ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON

DATE:

b. No. ☒ PROGRAM IS NOT COVERED BY E. O. 12372☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation. ☐ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

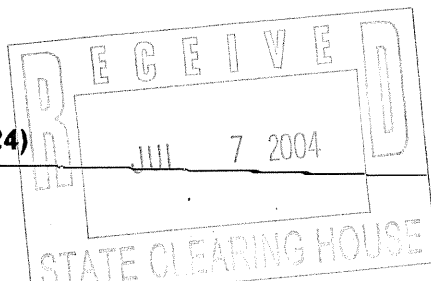
Prefix: Mr	First Name: Jose	Middle Name: Antonio
Last Name: RAMIREZ		Suffix:
b. Title: City Manager		c. Telephone Number (give area code): (559) 659-2043
d. Signature of Authorized Representative:		e. Date Signed: 07/02/04

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Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved
OMB No. 1875-0108
Exp. 11/30/2004

Applicant Information

1. Name and Address

Legal Name:

Fresno Covenant Foundation

Address: 2727 North First Street

Fresno
City

CA
State

Fresno
County

93703
ZIP Code + 4

- 1208

2. Applicant's D-U-N-S Number 1133235254

3. Applicant's T-I-N 77-10508471

4. Catalog of Federal Domestic Assistance #: 84.184B

Title: Mentoring Programs

5. Project Director: Luis Santana

Address: 2727 North First Street

Fresno CA 93703 1208
City State Zip code + 4

Tel. #: (559) 226 - 4672 Fax #: (559) 226 - 0701

E-Mail Address: msoriancf@sbccglobal.net

Application Information

9. Type of Submission:

PreApplication

Application

Construction

Construction

Non-Construction

X Non-Construction

10. Is application subject to review by Executive Order 12372 process?

X Yes (Date made available to the Executive Order 12372 process for review): 07 / 07 / 2004

 No (If "No," check appropriate box below.)

 Program is not covered by E.O. 12372.

 Program has not been selected by State for review.

11. Proposed Project Dates: 10 / 01 / 2004 09 / 30 / 2007
Start Date: End Date:

Estimated Funding

14a. Federal \$ 370,240.25 .00

b. Applicant \$.00

c. State \$.00

d. Local \$.00

e. Other \$.00

f. Program Income \$.00

g. TOTAL \$ 370,240.25 .00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Luis Santana

b. Title: Executive Director

c. Tel. #: (559) 226 - 4672 Fax #: (559) 226 - 0701

d. E-Mail Address: msoriancf@sbccglobal.net

e. Signature of Authorized Representative

Date: 07 / 07 / 2004

Organizational Unit

8. Novice Applicant Yes X No

7. Is the applicant delinquent on any Federal debt? Yes X No
(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.) L

A - State

F - Independent School District

B - Local

G - Public College or University

C - Special District

H - Private, Non-profit College or University

D - Indian Tribe

I - Non-profit Organization

E - Individual

J - Private, Profit-Making Organization

K - Other (Specify):

12. Are any research activities involving human subjects planned at any time during the proposed project period?
 Yes (Go to 12a.) X No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

 Yes (Provide Exemption(s) #):

 No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

STARS (STudents Achieving Reading Success)
Mentoring Program for At-Risk Youth

Standard Face Sheet

Page 1 of 1

Application for Federal
Education AssistanceU.S. Department of Education
Form Approved
OMB No. 1875-0106
Exp.

Applicant Information

1. Name and Address

Legal Name: Urban Services YMCA
Address: 1530 Buchanan StreetSan Francisco
CityCA
State

Organizational Unit

Urban Services YMCASan Francisco
County94115
ZIP Code +4

2. Applicant's D-U-N-S Number

0187714666. Novice Applicant ☐ No

3. Applicant's T-I-N

940997140Title: Mentoring Programs

4. Catalog of Federal Domestic Assistance #:

84 184B7. Is the applicant delinquent on any Federal debt? ☐ No
(If "Yes," attach an explanation.)8. Type of Applicant (Enter appropriate letter in the box.) ☐ I

- A. State
B. Local
C. Special District
D. Indian Tribe
E. Individual
F. Independent School District
G. Public College or University
H. Non-Profit College or University
I. Non-Profit Organization
J. Private, Profit-Making Organization
K. Other (Specify):

5. Project Director: Wesley RichAddress: 1530 Buchanan StreetSan Francisco
CityCA
State94115
ZIP Code +4Tel #: (415) 292-3023Fax #: (415) 676-0884E-Mail Address: erich@ymcasf.org

Application Information

9. Type of Submission:

☒ Application☐ Non-Construction12. Are any research activities involving human subjects planned at any time during the proposed project period? ☐ No (Go to item 13.)12a. Are all the research activities proposed designated to be exempt from the regulations? ☐ No

Yes (Provide Exemption(s) #):

10. Is application subject to review by Executive Order 12372 process?

Yes. (Date made available to the Executive Order 12372 process for review): 07/07/2004

No (Provide Assurance #, if available):

11. Proposed Project Dates:

Start Date: 10/01/2004
End Date: 09/30/2007

13. Descriptive Title of Applicant's Project:

Building Futures: OMI, Excelsior, Bayview Hunters Point, Western Addition

Estimated Funding

14a. Federal	\$	176,025	.00
b. Applicant	\$	0	.00
c. State	\$	0	.00
d. Local	\$	0	.00
e. Other	\$	0	.00
f. Program Income	\$	0	.00
g. TOTAL	\$	176,025	.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/ application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Typed Name of Authorized Representative

Lynn M Schuette

b. Title

Director of Fund & Prograc. Tel. #: (415) 260-5037Fax #: (650) 240-1695d. E-Mail Address: lynn@Schuette.com

e. Signature of Authorized Representative

ED 424

REV. 1/12/99

Standard Face Sheet

Page 2 of 2

PR/ Award #
Q1848040190Application for Federal
Education AssistanceU.S. Department of Education
Form Approved
OMB No. 1875-0106
Exp.

Applicant Information

1. Name and Address

Legal Name: The University Corporation, CSUN
Address: 18111 Nordhoff Street

Organizational Unit

College of Social and Behavioral Sciences

Northridge
CityCA
StateLos Angeles
County91330 -
ZIP Code + 4

2. Applicant's D-U-N-S Number

128879462

6. Novice Applicant N/A

3. Applicant's T-I-N

951992732

Title: Mentoring Programs

4. Catalog of Federal Domestic Assistance #:

84 184B

5. Project Director: DeBose L Herman

Address: Youth Service Specialist Program California Stat...

Northridge
CityCA
State91330 -
ZIP Code + 4

Tel #: (818) 677-3290

Fax #: ()

E-Mail Address: herman.dcbosc@csun.edu

7. Is the applicant delinquent on any Federal debt? No
(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.)

G

- A State G Public College or University
 B Local H Non-Profit College or University
 C Special District I Non-Profit Organization
 D Indian Tribe J Private, Profit-Making Organization
 E Individual K Other (Specify):
 F Independent School District

Application Information

9. Type of Submission:

--Application

Non-Construction

12. Are any research activities involving human subjects planned
at any time during the proposed project period? No (Go to item
13.)12a. Are all the research activities proposed designated to be
exempt from the regulations? No

Yes (Provide Exemption(s)#):

10. Is application subject to review by Executive Order 12372 process?

Yes (Date made available to the Executive Order 12372
process for review): 07/07/2004

No (Provide Assurance #, if available):

11. Proposed Project Dates:

Start Date:	End Date:
09/01/2004	08/30/2007

13. Descriptive Title of Applicant's Project:

A 3-year mentoring project between the Youth Service
Specialist Program (CBO) and LAUSD District 1 (LEA) to
provide intensive mentoring support to 180 middle school
children through crea...

Estimated Funding

14a. Federal	\$	185,240	.00
b. Applicant	\$	0	.00
c. State	\$	0	.00
d. Local	\$	0	.00
e. Other	\$	28,000	.00
f. Program Income	\$	0	.00
g. TOTAL	\$	213,240	.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/
application are true and correct. The document has been duly
authorized by the governing body of the applicant and the applicant
will comply with the attached assurances if the assistance is awarded.

a. Typed Name of Authorized Representative

Scott Perez

b. Title

Director of Research

c. Tel. #: (818) 677-2190

Fax #: (818) 677-4691

d. E-Mail Address: scott.perez@csun.edu

e. Signature of Authorized Representative

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address

Legal Name: Pittsburg Pre-School and Community CouncilAddress: 1760 Chester DriveCity
PittsburgCA
StateContra Costa County
County94565
ZIP Code + 4

2. Applicant's D-U-N-S Number

1 3 1 6 0 3 0 6 0

3. Applicant's T-I-N

9 4 - 2 1 5 6 3 1 0

4. Catalog of Federal Domestic Assistance #:

8 4 1 8 4 B

Title: Mentoring Programs5. Project Director: Frances GreeneAddress: 1760 Chester DriveCity
PittsburgCA
State94565
ZIP Code + 4Tel. #: (925) 439-2061Fax #: (925) 432-7473E-Mail Address: jeanette@ppsc.org

Organizational Unit

6. Novice Applicant ☒ Yes ☐ No7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No
(If "Yes," attach an explanation.)8. Type of Applicant (Enter appropriate letter in the box.) I

A State

B Local

C Special District

D Indian Tribe

E Individual

F Independent School
District

G Public College or University

H Private, Non-Profit College or University

I Non-Profit Organization

J Private, Profit-Making Organization

K Other (Specify):

Application Information

9. Type of Submission:

—PreApplication

☐ Construction☐ Non-Construction

—Application

☐ Construction☒ Non-Construction

10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372
process for review): 7/6/2004☐ No (If "No," check appropriate box below.)☐ Program is not covered by E.O. 12372.☐ Program has not been selected by State for review.

11. Proposed Project Dates:

Start Date:
8/1/2004End Date:
7/31/2005

12. Are any research activities involving human subjects planned at any time during the proposed project period?

☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

☐ Yes (Provide Exemption(s) #):☐ No (Provide Assurance #):13. Descriptive Title of Applicant's Project:
Youth Mentoring Program

Estimated Funding

14a. Federal	\$	161,163.00
b. Applicant	\$	0.00
c. State	\$	0.00
d. Local	\$	0.00
e. Other	\$	0.00
f. Program Income	\$	0.00
g. TOTAL	\$	161,163.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Frances Greeneb. Title Executive Directorc. Tel. #: (925) 439-2061Fax #: (925) 432-7473d. E-Mail Address: jeanette@ppsc.orge. Signature of Authorized Representative
Frances GreeneDate: 7/6/2004

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address

Legal Name: Partners for Community Access, Inc.Address: 644 E. Grand Avenue

Organizational Unit

Escondido
CityCA
StateSan Diego
County92025 - 4403
ZIP Code + 4

2. Applicant's D-U-N-S Number

0 3 6 6 9 7 4 4 9

3. Applicant's T-I-N

3 3 - 0 5 6 8 9 7 8

4. Catalog of Federal Domestic Assistance #:

8 4 1 8 4 BTitle: Mentoring Programs

5. Project Director: Kimberly Stead-Segoria

Address: 644 E. Grand AvenueEscondido CA 92025 - 4403
City State ZIP Code + 4Tel. #: (760) 739-2134Fax #: (760) 739-2138E-Mail Address: kim@partnersforcommunityaccess.org

6. Novice Applicant ☒ Yes ☐ No

7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No (If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.) I

- | | |
|-------------------------------|---|
| A State | G Public College or University |
| B Local | H Private, Non-Profit College or University |
| C Special District | I Non-Profit Organization |
| D Indian Tribe | J Private, Profit-Making Organization |
| E Individual | K Other (Specify): |
| F Independent School District | |

Application Information

9. Type of Submission:

—PreApplication

- ☐
- Construction
-
- ☐
- Non-Construction

—Application

- ☐
- Construction
-
- ☒
- Non-Construction

RECEIVED
JUL 07 2004

12. Are any research activities involving human subjects planned at any time during the proposed project period?

- ☐
- Yes (Go to 12a.)
- ☒
- No (Go to item 13.)

10. Is application subject to review by Executive Order 12372 process? ☒ Yes (Date made available to the Executive Order 12372 process for review): 7/6/2004

☐ No (If "No," check appropriate box below.)☐ Program is not covered by E.O. 12372.☐ Program has not been selected by State for review.

12a. Are all the research activities proposed designated to be exempt from the regulations?

- ☐
- Yes (Provide Exemption(s) #):
-
- ☐
- No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

Partners for Community Access one-on-one Mentoring Program for youth in grades 4-8 in the greatest of need in Ramona and Julian, California.

11. Proposed Project Dates:

Start Date: 10/1/2004 End Date: 10/1/2007

Estimated Funding

14a. Federal	\$	504,569.00
b. Applicant	\$	.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	37,697.00
f. Program Income	\$	.00
g. TOTAL	\$	542,266.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Gloriaann Barron Garcia

b. Title

Executive Directorc. Tel. #: (760) 739-2136Fax #: (760) 739-2138d. E-Mail Address: gbg@partnersforcommunityaccess.orge. Signature of Authorized Representative
Date: 7/2/2004

Application for Federal
Education Assistance (ED 424)



U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

Organizational Unit

1. Name and Address
Legal Name: Boys and Girls Club of Greater Oxnard and Port Hueneme
Address: 1900 West Fifth Street

Oxnard
City

CA
State

Ventura
County

93035 - 6596
ZIP Code + 4

2. Applicant's D-U-N-S Number 08395199

6. Novice Applicant Yes X No

3. Applicant's T-I-N 951-1785162

7. Is the applicant delinquent on any Federal debt? Yes x No
(If "Yes," attach an explanation.)

4. Catalog of Federal Domestic Assistance #: 84.184B

Title: Mentoring Programs

8. Type of Applicant (Enter appropriate letter in the box.) I

5. Project Director: Tim Blaylock

A - State
B - Local
C - Special District
University
D - Indian Tribe
E - Individual
F - Independent School District
G - Public College or University
H - Private, Non-profit College or
University
I - Non-profit Organization
J - Private, Profit-Making Organization

Address: 1900 West Fifth Street

Oxnard CA 93035 6596
City State Zip code + 4
Tel. #: (805) 815 - 4959 x 203 Fax #: (805) 815 - 4709

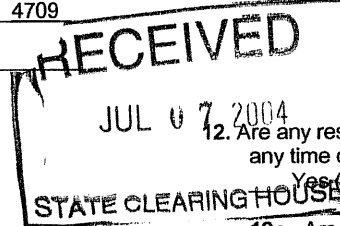
K - Other (Specify):

E-Mail Address: Tblaylock@bgcop.org

Application Information

9. Type of Submission:

PreApplication Application
Construction Construction
Non-Construction X Non-Construction



12. Are any research activities involving human subjects planned at any time during the proposed project period?
Yes (Go to 12a.) X No (Go to item 13.)

10. Is application subject to review by Executive Order 12372 process?

X Yes (Date made available to the Executive Order 12372 process for review): 7 / 2 / 04

 No (If "No," check appropriate box below.)

 Program is not covered by E.O. 12372.
 Program has not been selected by State for review.

12a. Are all the research activities proposed designated to be exempt from the regulations?

 Yes (Provide Exemption(s) #):

 No (Provide Assurance #):

11. Proposed Project Dates: 10 / 1 / 04 9 / 30 / 07
Start Date: End Date:

13. Descriptive Title of Applicant's Project:

Project Connect

Estimated Funding

14a. Federal \$ 200,000 .00
b. Applicant \$ 11,150 .00
c. State \$.00
d. Local \$ 173,650 .00
e. Other \$.00
f. Program Income \$.00
g. TOTAL \$ 384,800 .00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true

and correct. The document has been duly authorized by the governing body of the applicant

and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Tim Blaylock

b. Title: Chief Professional Officer

c. Tel. #: (805) 815 - 4959 x 203 Fax #: (805) 815 - 4709

d. E-Mail Address: Tblaylock@bgcop.org

e. Signature of Authorized Representative

Tim Blaylock

Date: 6 / 18 / 04

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address

Legal Name: South Bay Community ServicesAddress: 1124 Bay Blvd., Suite D

Organizational Unit

Youth & Family Support Services DepartmentYouth Development DepartmentChula Vista

City

CA

State

San Diego

County

91911 - 7155

ZIP Code + 4

2. Applicant's D-U-N-S Number

1	1	3	4	0	7	7	7	9
---	---	---	---	---	---	---	---	---

3. Applicant's T-I-N

9	5	-	2	6	9	3	1	4	2
---	---	---	---	---	---	---	---	---	---

4. Catalog of Federal Domestic Assistance #:

8	4	1	8	4	B
---	---	---	---	---	---

Title: Mentoring Program

5. Project Director: Mauricio Torre

Address: 1124 Bay Blvd., Suite DChula vista

City

CA

State

91911 - 7155

ZIP Code + 4

Tel. #: (619) 420-3620Fax #: (619) 420-8722E-Mail Address: mtorre@csbcs.org

6. Novice Applicant

☐ Yes ☐ No

7. Is the applicant delinquent on any Federal debt?

☐ Yes ☒ No

(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.)

I

- | | |
|-------------------------------|---|
| A State | G Public College or University |
| B Local | H Private, Non-Profit College or University |
| C Special District | I Non-Profit Organization |
| D Indian Tribe | J Private, Profit-Making Organization |
| E Individual | K Other (Specify): |
| F Independent School District | |

Application Information

9. Type of Submission:

—PreApplication

—Application

☐ Construction☐ Construction☐ Non-Construction☒ Non-Construction

10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372 process for review): 7/7/2004☐ No (If "No," check appropriate box below.)☐ Program is not covered by E.O. 12372.☐ Program has not been selected by State for review.

12. Are any research activities involving human subjects planned at any time during the proposed project period?

☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

☐ Yes (Provide Exemption(s) #):☐ No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

Mentoring Program for At-Risk and Transitioning Youth

RECEIVED
JUL 07 2004
STATE CLEARING HOUSE

11. Proposed Project Dates:

Start Date:

End Date:

10/01/049/30/07

Estimated Funding

14a. Federal	\$	186,500.00
b. Applicant	\$	.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	186,500.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Kathryn Lembo

b. Title

Executive Directorc. Tel. #: (619) 420-3620Fax #: (619) 420-8722d. E-Mail Address: klembo@csbcs.orge. Signature of Authorized Representative
Date: 6/16/2004

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION	
Legal Name: <i>Doctors Telehealth Network, Inc.</i>	Organizational Unit: Department: <i>n/a</i>
Organizational DUNS: <i>n/a 13-821-0880</i>	Division: <i>n/a</i>
Address: Street: <i>2028 Quail</i>	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: <i>Mr.</i> First Name: <i>Kurt</i>
City: <i>Newport Beach</i>	Middle Name
County: <i>Orange</i>	Last Name <i>Grossman</i>
State: <i>CA</i> Zip Code: <i>92660</i>	Suffix:
Country: <i>USA</i>	Email: <i>KurtGrossman@doctel.net</i>
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <i>06-1673915</i>	Phone Number (give area code): <i>949-553-0887</i> Fax Number (give area code): <i>775-417-7154</i>
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) <i>Telemedicine Services Provider</i> Other (specify)
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): <i>10-835</i> <i>Telemedicine Grant Program</i>	9. NAME OF FEDERAL AGENCY: <i>Rural Utilities Service</i>
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <i>Bradford Cty, PA</i>	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <i>Doctors Telehealth Network-PA</i>
13. PROPOSED PROJECT Start Date: <i>1/05</i> Ending Date: <i>7/05</i>	14. CONGRESSIONAL DISTRICTS OF: a. Applicant <i>CA - 48</i> b. Project <i>PA - 10</i>
15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ <i>465,000</i>	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:
b. Applicant \$ <i>468,000</i>	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$	<input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$	
g. TOTAL \$ <i>933,000</i>	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Authorized Representative	
Prefix <i>Mr.</i> First Name <i>Kurt</i> Middle Name	
Last Name <i>Grossman</i> Suffix	
b. Title <i>President</i> c. Telephone Number (give area code) <i>949-553-0887</i>	
d. Signature of Authorized Representative <i>[Signature]</i> e. Date Signed <i>4/28/04</i>	

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Doctors Telehealth Network, Inc.		Organizational Unit: Department: n/a	
Organizational DUNS: n/a 13-821-0887		Division: n/a	
Address: Street: 2028 Quail		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Kurt	
City: Newport Beach		Middle Name	
County: Orange		Last Name: Grossman	
State: CA	Zip Code: 92660	Suffix:	
Country: USA		Email: KurtGrossman@doctel.net	

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

06-1673915	Phone Number (give area code) 949-553-0887	Fax Number (give area code) 775-417-7154
-------------------	--	--

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision
If Revision, enter appropriate letter(s) in box(es)
(See back of form for description of letters.)
Other (specify)

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

10-855
TITLE (Name of Program):
Telemedicine Grant Program

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

Bradford City, PA Tioga, Sullivan, Wyoming & Susquehanna Counties, PA

13. PROPOSED PROJECT

Start Date: **1/05** Ending Date: **7/05**

15. ESTIMATED FUNDING:

a. Federal	\$ 465,000 437,500
b. Applicant	\$ 468,000 442,500
c. State	\$
d. Local	\$
e. Other	\$
f. Program income	\$ 880,000
g. TOTAL	\$ 933,000

7. TYPE OF APPLICANT: (See back of form for Application Types)

Telemedicine Services Provider
Other (specify)

9. NAME OF FEDERAL AGENCY:

Rural Utilities Service

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Doctors Telehealth Network-PA

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant **CA - 48** b. Project **PA - 10, 5**

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
DATE: **mailed to CA 6/16/04**
b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix: Mr.	First Name: Kurt	Middle Name
Last Name: Grossman	Suffix	
b. Title: President	c. Telephone Number (give area code): 949-553-0887	
d. Signature of Authorized Representative:	e. Date Signed: 4/28/04	

Application for Federal Education Assistance


U.S. Department of Education

 Form Approved
 OMB No. 1875-0106
 Exp.

Applicant Information

1. Name and Address

 Legal Name: Alameda County Office of Education
 Address: 313 W. Winton Avenue

 Hayward
 City

 CA
 State

Organizational Unit

Instructional Support Services Department of Educational Services Division

 Alameda
 County

 94544 - 1198
 ZIP Code + 4

2. Applicant's D-U-N-S Number

056874225

3. Applicant's T-I-N

946002421

4. Catalog of Federal Domestic Assistance #:

84 336B

5. Project Director: Enomwoyi J Booker

Address: 313 W. Winton Avenue

 Hayward
 City

 CA
 State

 94544 - 1198
 ZIP Code + 4

Tel. #: (510) 670-7748

Fax #: (510) 670-4207

E-Mail Address: ebooker@acoe.k12.ca.us

6. Novice Applicant No

Title: Teacher Quality Enhancement Partnership Full Application

 7. Is the applicant delinquent on any Federal debt? No
 (if "Yes," attach an explanation.)

 8. Type of Applicant (Enter appropriate letter in the box.) **B**

- | | |
|-------------------------------|---------------------------------------|
| A State | G Public College or University |
| B Local | H Non-Profit College or University |
| C Special District | I Non-Profit Organization |
| D Indian Tribe | J Private, Profit-Making Organization |
| E Individual | K Other (Specify): |
| F Independent School District | |

Application Information

9. Type of Submission:

--Application

Non-Construction

12. Are any research activities involving human subjects planned at any time during the proposed project period? No (Go to item 13.)

 12a. Are all the research activities proposed designated to be exempt from the regulations? No

Yes (Provide Exemption(s)#):

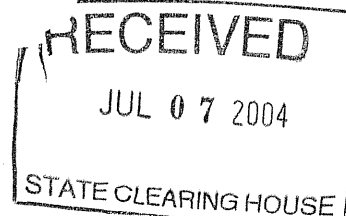
No (Provide Assurance #, if available):

10. Is application subject to review by Executive Order 12372 process?

Yes (Date made available to the Executive Order 12372 process for review): 06/14/2004

11. Proposed Project Dates:

Start Date:	End Date:
09/01/2004	09/01/2009

 13. Descriptive Title of Applicant's Project:
 Teacher Institute for Excellence (TIE)


Estimated Funding

14a. Federal	\$	1,143,575	.00
b. Applicant	\$	0	.00
c. State	\$	0	.00
d. Local	\$	0	.00
e. Other	\$	0	.00
f. Program Income	\$	0	.00
g. TOTAL	\$	1,143,575	.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

 a. Typed Name of Authorized Representative
 Jordan Sheila

 b. Title
 Superintendent

c. Tel. #: (510) 670-4140 Fax #: (510) 670-4101

d. E-Mail Address: sheilaj@acoe.k12.ca.us

e. Signature of Authorized Representative

REV. 11/12/99

ED 424

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address

Legal Name: San Diego Unified School DistrictAddress: 4100 Normal St.

Organizational Unit

Mental Health Resource CenterSan Diego
CityCA
StateSan Diego
County92103 -
ZIP Code + 4

2. Applicant's D-U-N-S Number

0 7 3 3 6 2 5 4 3

3. Applicant's T-I-N

9 5 - 6 0 0 2 7 8 1

4. Catalog of Federal Domestic Assistance #:

8 4 1 8 4 BTitle: Mentoring Programs

5. Project Director: Shirley Culver

Address: 2351 Cardinal Lane, Annex BSan Diego
CityCA
State92123 -
ZIP Code + 4Tel. #: (858) 573-2228Fax #: (858) 496-2113E-Mail Address: sculver@sandi.net

6. Novice Applicant ☒ Yes ☐ No

7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No (If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.)

F

- | | |
|-------------------------------|---|
| A State | G Public College or University |
| B Local | H Private, Non-Profit College or University |
| C Special District | I Non-Profit Organization |
| D Indian Tribe | J Private, Profit-Making Organization |
| E Individual | K Other (Specify): |
| F Independent School District | |

Application Information

9. Type of Submission:

—PreApplication

☐ Construction☐ Non-Construction

—Application

☐ Construction☒ Non-Construction

10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372 process for review): 7/7/2004☐ No (If "No," check appropriate box below.)☐ Program is not covered by E.O. 12372.☐ Program has not been selected by State for review.

12. Are any research activities involving human subjects planned at any time during the proposed project period?

☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

☐ Yes (Provide Exemption(s) #):☐ No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

San Diego City Schools' Mentoring to Achieve and Succeed Together (MAST) Program

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STATE CLEARING HOUSE

11. Proposed Project Dates:

Start Date:
10/1/2004End Date:
9/30/2007

Estimated Funding

14a. Federal	\$	600,000.00
b. Applicant	\$	.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	600,000.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Kerry Flanagan

b. Title

Chief of Staff

c. Tel. #:

(619) 725-5505Fax #: (619) 291-7182

d. E-Mail Address:

kflanagan@mail.sandi.net

e. Signature of Authorized Representative

Kerry Flanagan

Date:

7/11/07

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address

Legal Name: Big Brothers Big Sisters of San Francisco & the Peninsula

Address: 600 Townsend Street, Suite 120e

Organizational Unit

San Francisco
City

CA
State

San Francisco
County

94103 - 4955
ZIP Code + 4

2. Applicant's D-U-N-S Number

0 6 2 3 0 4 9 2 8

6. Novice Applicant ☐ Yes ☐ No

3. Applicant's T-I-N

9 4 - 2 8 9 7 6 8 3

7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No (If "Yes," attach an explanation.)

4. Catalog of Federal Domestic Assistance #:

8 4 1 8 4 B

Title: KISmet: Kids in School Meeting their Match

8. Type of Applicant (Enter appropriate letter in the box.)

I

5. Project Director: Nancy Torrey

Address: 600 Townsend Street, Suite 120e

San Francisco CA 94103 - 4955
City State ZIP Code + 4

Tel. #: (415) 503-4058 Fax #: (415) 503-4051

E-Mail Address: ntorrey@sf-bbbs.org

- A State G Public College or University
B Local H Private, Non-Profit College or University
C Special District I Non-Profit Organization
D Indian Tribe J Private, Profit-Making Organization
E Individual K Other (Specify):
F Independent School District

Application Information

9. Type of Submission:

—PreApplication

☐ Construction

☐ Non-Construction

—Application

☐ Construction

☒ Non-Construction

10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372 process for review): 7/6/2004

☐ No (If "No," check appropriate box below.)

☐ Program is not covered by E.O. 12372.

☐ Program has not been selected by State for review.

12. Are any research activities involving human subjects planned at any time during the proposed project period?

☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

☐ Yes (Provide Exemption(s) #):

☐ No (Provide Assurance #):

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JUL 07 2004
STATE CLEARING HOUSE

13. Descriptive Title of Applicant's Project:

KISmet: Kids in School Meeting their Match /
Year-round one-to-one school-based mentoring

11. Proposed Project Dates:

Start Date: 10/1/2004 End Date: 9/30/2007

Estimated Funding

14a. Federal	\$	194,200.00
b. Applicant	\$	6,100.00
c. State	\$	0.00
d. Local	\$	0.00
e. Other	\$	23,500.00
f. Program Income	\$	0.00
g. TOTAL	\$	223,800.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Sherry Squire Mitchell

b. Title

Executive Director

c. Tel. #: (415) 503-4055 Fax #: (503) 415-4051

d. E-Mail Address: ssmitchell@sf-bbbs.org

e. Signature of Authorized Representative

Date: 7/6/2004

Application for Federal
Education Assistance (ED 424)



U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address

Legal Name: Mentoring: A Touch From Above

Address: 3515 Linden Ave

Organizational Unit

Long Beach
City

CA
State

Los Angeles
County

90807 - 4519
ZIP Code + 4

2. Applicant's D-U-N-S Number 101074828341

3. Applicant's T-I-N 911-11910091051

4. Catalog of Federal Domestic Assistance #: 84.1.8.4.B.1

Title: Mentoring Programs Grant

5. Project Director: Melanie Washington

Address: 3515 Linden Ave

Long Beach CA 90807 - 4519
City State Zip code + 4
Tel. #: (562) 572 - 2898 Fax #: (562) 981 - 0512

E-Mail Address: melbel11@msn.com

Application Information

9. Type of Submission:

-PreApplication -Application
Construction Construction
X Non-Construction X Non-Construction

10. Is application subject to review by Executive Order 12372 process?

X Yes (Date made available to the Executive Order 12372
process for review): 7/2/2004

 No (If "No," check appropriate box below.)

 Program is not covered by E.O. 12372.

 Program has not been selected by State for review.

11. Proposed Project Dates: 10/1/2004 10/1/2007

Start Date:

End Date:

Estimated Funding

14a. Federal \$ 179,090.00
b. Applicant \$.00
c. State \$.00
d. Local \$.00
e. Other \$.00
f. Program Income \$.00
g. TOTAL \$ 179,090.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true

and correct. The document has been duly authorized by the governing body of the applicant

and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Melanie Washington

b. Title: Executive Director

c. Tel. #: (562) 572 - 2898 Fax #: (562) 981 - 0512

d. E-Mail Address: melbel11@msn.com

e. Signature of Authorized Representative

Melanie Washington

Date: 7/2/2004

6. Novice Applicant X Yes No

7. Is the applicant delinquent on any Federal debt? Yes X No
(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.)

A - State F - Independent School District
B - Local G - Public College or University
C - Special District H - Private, Non-profit College or
University
D - Indian Tribe I - Non-profit Organization
E - Individual J - Private, Profit-Making Organization

K - Other (Specify):

12. Are any research activities involving human subjects planned at
any time during the proposed project period?
 Yes (Go to 12a.) X No (Go to item 13.)

12a. Are all the research activities proposed designated to be
exempt from the regulations?

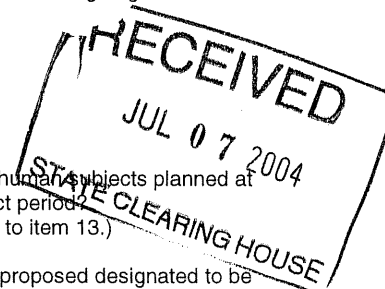
 Yes (Provide Exemption(s) #):

 No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

Mentoring: A Touch From Above

Academic Mentoring Project



Application for Federal Education Assistance



U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp.

Applicant Information

1. Name and Address

Legal Name: Big Brothers Big Sisters of Marin and Napa Co...
Address: 1618 Second Street

Organizational Unit

☐
San Rafael
CityCA
State

County

94901 -
ZIP Code + 4

2. Applicant's D-U-N-S Number 610109472

3. Applicant's T-I-N 942502278

6. Novice Applicant Yes

Title: Mentoring Programs

4. Catalog of Federal Domestic Assistance #: 84 184B

5. Project Director: Edward P Kaufman

Address: 1618 Second Street

San Rafael CA 94901 -
City State ZIP Code + 4

Tel. #: (415) 453-3800 Fax #: (415) 453-3839

E-Mail Address: ekaufman@bbbsmarin-napa.org

7. Is the applicant delinquent on any Federal debt? No
(if "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.) I

- A State G Public College or University
B Local H Non-Profit College or University
C Special District I Non-Profit Organization
D Indian Tribe J Private, Profit-Making Organization
E Individual K Other (Specify):
F Independent School District

Application Information

9. Type of Submission:

--Application

Non-Construction

12. Are any research activities involving human subjects planned at any time during the proposed project period? No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations? No

Yes (Provide Exemption(s)#):

10. Is application subject to review by Executive Order 12372-process?

Yes (Date made available to the Executive Order 12372 process for review): 07/07/2004

No (Provide Assurance #, if available):

11. Proposed Project Dates:

Start Date: End Date:

13. Descriptive Title of Applicant's Project:
Mentoring for a Brighter Future Program

Estimated Funding

14a. Federal	\$	162,464	.00
b. Applicant	\$	0	.00
c. State	\$	0	.00
d. Local	\$	0	.00
e. Other	\$	0	.00
f. Program Income	\$	0	.00
g. TOTAL	\$	162,464	.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Typed Name of Authorized Representative
Ron L Hamiltonb. Title
Executive Director

c. Tel. #: (415) 453-3800 Fax #: (415) 453-3839

d. E-Mail Address: rhamilton@bbbsmarin-napa.org

e. Signature of Authorized Representative

Application for Federal Education Assistance (ED 424)

Applicant Information



U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

1. Name and Address

Legal Name: Quest Youth Development Program

Address: 2607 Myrtle Street

Oakland
City

CA
State

Alameda
County

94607 - 3415
ZIP Code + 4

2. Applicant's D-U-N-S Number

0 7 4 5 1 4 2 0 4

3. Applicant's T-I-N

3 7 - 1 4 3 0 7 4 1

4. Catalog of Federal Domestic Assistance #:

8 4 1 8 4 B

Title: Fireseed Mentoring Program

5. Project Director: Michael Evans

Address: 2607 Myrtle Street

Oakland
City

CA
State

94607 - 3415
ZIP Code + 4

Tel. #: (510) 815-6975

Fax #: (510) 964-0586

E-Mail Address: michaelmae@msn.com

Organizational Unit

6. Novice Applicant

☒ Yes ☐ No

7. Is the applicant delinquent on any Federal debt?

☐ Yes ☒ No

(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.)

I

A State

B Local

C Special District

D Indian Tribe

E Individual

F Independent School District

G Public College or University

H Private, Non-Profit College or University

I Non-Profit Organization

J Private, Profit-Making Organization

K Other (Specify):

Application Information

9. Type of Submission:

—PreApplication

—Application

☐ Construction

☐ Construction

☐ Non-Construction

☒ Non-Construction

10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372 process for review): 7/7/2004

☐ No (If "No," check appropriate box below.)

☐ Program is not covered by E.O. 12372.

☐ Program has not been selected by State for review.

11. Proposed Project Dates:

Start Date:
8/1/2004

End Date:
7/31/2005

12. Are any research activities involving human subjects planned at any time during the proposed project period?

☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

☐ Yes (Provide Exemption(s) #):

☐ No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

Fireseed Mentoring Program

Estimated Funding

14a. Federal	\$	199,986.00
b. Applicant	\$	.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	199,986.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Michael Evans

b. Title Executive Director

c. Tel. #: (510) 815-6975 Fax #: (510) 964-0586

d. E-Mail Address: michaelmae@msn.com

e. Signature of Authorized Representative

Date: 6/25/2004

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address

Legal Name: Seven Tepees Youth ProgramAddress: 3177 - 17th StreetSan Francisco
CityCA
StateSan Francisco
County94110 - 1332
ZIP Code + 4

2. Applicant's D-U-N-S Number

1 1 5 0 1 5 7 7 3

3. Applicant's T-I-N

9 4 - 3 2 3 1 0 5 9

4. Catalog of Federal Domestic Assistance #:

8 4 1 8 4 BTitle: Seven Tepees Mentoring Program

5. Project Director: Diane Dodge

Address: 3177 - 17th StreetSan Francisco
CityCA
State94110 - 1332
ZIP Code + 4Tel. #: (415) 522-1550Fax #: (415) 522-1551E-Mail Address: ddodge@7tepees.org

Organizational Unit

6. Novice Applicant ☒ Yes ☐ No

7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No (If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.) I

- | | |
|-------------------------------|---|
| A State | G Public College or University |
| B Local | H Private, Non-Profit College or University |
| C Special District | I Non-Profit Organization |
| D Indian Tribe | J Private, Profit-Making Organization |
| E Individual | K Other (Specify): |
| F Independent School District | |

Application Information

9. Type of Submission:

—PreApplication

—Application

☐

Construction

☐

Construction

☐

Non-Construction

☒

Non-Construction

10. Is application subject to review by Executive Order 12372 process?

☒Yes (Date made available to the Executive Order 12372 process for review): 7/7/2004☐

No (If "No," check appropriate box below.)

☐

Program is not covered by E.O. 12372.

☐

Program has not been selected by State for review.

12. Are any research activities involving human subjects planned at any time during the proposed project period?

☐

Yes (Go to 12a.)

☒

No (Go to Item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

☐

Yes (Provide Exemption(s) #):

☐

No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

Seven Tepees Mentoring Program

11. Proposed Project Dates:

Start Date:
8/1/2004End Date:
7/31/2005

Estimated Funding

14a. Federal	\$	105,917.00
b. Applicant	\$	25,590.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	131,507.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Diane Dodge

b. Title

Executive Director

c. Tel. #:

(415) 522-1550

Fax #:

(415) 522-1551

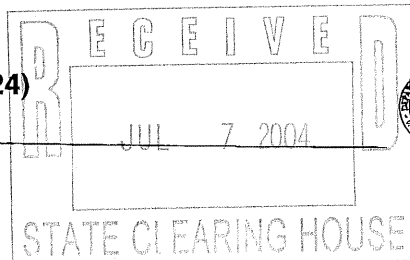
d. E-Mail Address:

ddodge@7tepees.org

e. Signature of Authorized Representative

Diane DodgeDate: 7/2/2004

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address

Legal Name: Ethnos Community Development/Academic Centers of Excellence, Glendale

Address: 125 South Louise Street, Suite 213

Glendale
City

CA
State

Los Angeles
County

91205
ZIP Code + 4

2. Applicant's D-U-N-S Number 0 6 8 4 8 1 9 1 5

3. Applicant's T-I-N 9 5 - 4 8 3 2 3 2 2

4. Catalog of Federal Domestic Assistance #: 84. 1 8 4 B

Title: Mentoring Programs

5. Project Director: Christina Corona

Address: 125 South Louise Street

Glendale
City

CA
State

91205
Zip code + 4

Tel. #: (818) 244 - 6913 Fax #: (818) 244 - 6979

E-Mail Address: ccvip@sbcglobal.net

Organizational Unit

**Community Faith-Based
Community Organization**

6. Novice Applicant Yes No

7. Is the applicant delinquent on any Federal debt? Yes X No
(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.) I

- A - State
B - Local
C - Special District
D - Indian Tribe
E - Individual
F - Independent School District
G - Public College or University
H - Private, Non-profit College or University
I - Non-profit Organization
J - Private, Profit-Making Organization

K - Other (Specify):

Application Information

9. Type of Submission:

PreApplication Application
Construction Construction
Non-Construction X Non-Construction

10. Is application subject to review by Executive Order 12372 process?

Yes (Date made available to the Executive Order 12372 process for review): / /
No (If "No," check appropriate box below.)
Program is not covered by E.O. 12372.
Program has not been selected by State for review.

11. Proposed Project Dates: 01 / 01 / 2005 12 / 31 / 2007
Start Date: End Date:

12. Are any research activities involving human subjects planned at any time during the proposed project period?
Yes (Go to 12a.) X No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?
Yes (Provide Exemption(s) #):

No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

C.H.O.I.C.E. Mentoring

Estimated Funding

14a. Federal \$ 202883 .00
b. Applicant \$ 27000 .00
c. State \$ 0 .00
d. Local \$ 0 .00
e. Other \$ 0 .00
f. Program Income \$ 0 .00
g. TOTAL \$ 229883.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this pre-application/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Roberto Colon & Christina Corona

b. Title: Executive Director, Ethnos/ Director, Academic Centers of Excellence, Glendale

c. Tel. #: (818) 244 - 6913 Fax #: (818) 244 - 6979

d. E-Mail Address: ccvip@sbcglobal.net

e. Signature of Authorized Representative

[Signature]

Date: 7 / 6 / 04

**Application for Federal
Education Assistance (ED 424)****U.S. Department of Education**Form Approved
OMB No. 1875-0106
Exp. 11/30/2004**Applicant Information****1. Name and Address**Legal Name: Calaveras County Office of EducationAddress: 185 South Main Street, P.O. Box 760City Angels Camp State California County Calaveras ZIP Code 95221**Organizational Unit**2. Applicant's D-U-N-S Number 1 0 0 0 0 9 9 0 1 16. Novice Applicant ☒ Yes ☐ No3. Applicant's T-I-N 9 4 1 - 1 6 3 8 7 5 87. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No
(If "Yes," attach an explanation.)4. Catalog of Federal Domestic Assistance #: 84.1 8 4 B8. Type of Applicant (Enter appropriate letter in the box.) LFTitle: Mentoring Programs5. Project Director: Kathryn Eustis

- A - State
B - Local
C - Special District
University
D - Indian Tribe
E - Individual
coc
K - Other (Specify):
- F - Independent School District
G - Public College or University
H - Private, Non-profit College or
University
I - Non-profit Organization
J - Private, Profit-Making Organization

Address: Calaveras County Office of Education185 South Main Street, P.O. Box 760City Angels Camp State California Zip 95221Tel. #: (209) 736-6078 Fax #: (209) 736-2138E-Mail Address: keustis@ccoe.k12.ca.us**Application Information****9. Type of Submission:**

PreApplication Application
☐ Construction ☐ Construction
☐ Non-Construction ☒ Non-Construction

10. Is application subject to review by Executive Order 12372 process?☒ Yes (Date made available to the Executive Order 12372
process for review): 07/07/2004☐ No (If "No," check appropriate box below.)☐ Program is not covered by E.O. 12372.☐ Program has not been selected by State for review.12. Are any research activities involving human subjects planned at
any time during the proposed project period?
☐ Yes (Go to 12a.) ☒ No (Go to item 13.)12a. Are all the research activities proposed designated to be
exempt from the regulations?☐ Yes (Provide Exemption(s) #): _____☐ No (Provide Assurance #): _____**13. Descriptive Title of Applicant's Project:**"Stars Project" of the Calaveras Youth Mentoring
Program11. Proposed Project Dates: 10/01/2004 09/30/2007
Start Date: End Date:**Estimated Funding**14a. Federal \$ 100,136 .00

b. Applicant \$ _____ .00

c. State \$ _____ .00

d. Local \$ _____ .00

e. Other \$ _____ .00

f. Program Income \$ _____ .00

g. TOTAL \$ 100,136 .00**Authorized Representative Information**

15. To the best of my knowledge and belief, all data in this preapplication/application are true

and correct. The document has been duly authorized by the governing body of the applicant

and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

John C. Brophyb. Title: County Superintendent of Schoolsc. Tel. #: (209) 736-4662 Fax #: (209) 736-2138d. E-Mail Address: jbrophy@ccoe.k12.ca.us

e. Signature of Authorized Representative

John C. BrophyDate: 6/30/04

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address

Legal Name: Big Brothers Big Sisters of Orange
Address: County 14131 Yorba Street, Ste. 200

Organizational Unit

JUL 7 2004

STATE CLEARING HOUSE

Tustin

City

CA
Orange

State

County

92780

ZIP Code + 4

2. Applicant's D-U-N-S Number 01616115151615161

6. Novice Applicant ☒ Yes ☐ No

3. Applicant's T-I-N 915119121710121

7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No
(If "Yes," attach an explanation.)

4. Catalog of Federal Domestic Assistance #: 84.118141B1

Title: Mentoring Programs

8. Type of Applicant (Enter appropriate letter in the box.) LI

5. Project Director: Noly Guardamondo

Address: 14131 Yorba Street, Ste. 200

A - State
B - Local
C - Special District
D - Indian Tribe
E - Individual
F - Independent School District
G - Public College or University
H - Private, Non-profit College or University
I - Non-profit Organization
J - Private, Profit-Making Organization

K - Other (Specify):

Tustin

City

CA

State

92780

Zip code + 4

Tel. #: (714) 544-7773 Fax #: (714) 544-7643

E-Mail Address: NGuardamondo@bigbrooc.org

Application Information

9. Type of Submission:

-PreApplication
-Application
☐ Construction
☒ Non-Construction
☐ Construction
☒ Non-Construction

10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372 process for review): 7/7/2004
☐ No (If "No," check appropriate box below.)

☐ Program is not covered by E.O. 12372.

☐ Program has not been selected by State for review.

11. Proposed Project Dates: 10/1/04 9/31/07

Start Date:

End Date:

12. Are any research activities involving human subjects planned at any time during the proposed project period?
☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?
☐ Yes (Provide Exemption(s) #):

☐ No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

Tri-County BBBS School-Based
Mentoring Program

Estimated Funding

14a. Federal \$ 220,875 .00

b. Applicant \$ 56,100 .00

c. State \$.00

d. Local \$.00

e. Other \$.00

f. Program Income \$.00

g. TOTAL \$ 276,975 .00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Patricia A. Williams

b. Title: Executive Director

c. Tel. #: (714) 544-7773 Fax #: (714) 544-7643

d. E-Mail Address: PWilliams@bigbrooc.org

e. Signature of Authorized Representative

Patricia A. Williams

Date: 7/5/04

Application for Federal Education Assistance (ED 424)

Applicant Information

FILE

U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

1. Name and Address

Legal Name: Imperial County Office of EducationAddress: 1398 Sperber Road

Organizational Unit

Student Well-Being & Family ResourcesEl Centro
CityCa
StateImperial
County92243
ZIP Code + 4

2. Applicant's D-U-N-S Number

0 8 4 9 8 0 1 7 6

6. Novice Applicant

☐ Yes ☒ No

3. Applicant's T-I-N

9 5 - 6 0 0 1 6 6 57. Is the applicant delinquent on any Federal debt?
(If "Yes," attach an explanation.) ☐ Yes ☒ No

4. Catalog of Federal Domestic Assistance #:

8 4 1 8 4 BTitle: Mentoring Program8. Type of Applicant (Enter appropriate letter in the box.) **F**5. Project Director: Rita BroganAddress: 1398 Sperber RoadEl Centro
CityCa
State92243
ZIP Code + 4Tel. #: (760) 312-6498Fax #: (760) 312-6476

A State

B Local

C Special District

D Indian Tribe

E Individual

F Independent School

District

G Public College or University

H Private, Non-Profit College or University

I Non-Profit Organization

J Private, Profit-Making Organization

K Other (Specify):

Application Information

9. Type of Submission:

☒ PreApplication☐ Construction☐ Non-Construction☐ Application☐ Construction☒ Non-Construction

10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372 process for review): 7/6/2004☐ No (If "No," check appropriate box below.)☐ Program is not covered by E.O. 12372.☐ Program has not been selected by State for review.

11. Proposed Project Dates:

Start Date:
10/1/2004End Date:
9/30/2007

12. Are any research activities involving human subjects planned at any time during the proposed project period?

☐ Yes (Go to 12a.) ☒ No (Go to Item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

☐ Yes (Provide Exemption(s) #):☐ No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

Countywide mentoring of 135 at risk students per year in grades 5th -8th.

Estimated Funding

14a. Federal	\$	200,000.00
b. Applicant	\$	.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	200,000.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Judy Maurice

b. Title

Deputy Superintendentc. Tel. #: (760) 312-6429Fax #: (760) 312-6576d. E-Mail Address: jmaurice@icoe.org

e. Signature of Authorized Representative

Date: 7/6/04

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address

Legal Name: Lennox School DistrictAddress: 10319 South Firmona Avenue

Organizational Unit

Lennox
CityCA
StateLos Angeles County
County90304 - 1419
ZIP Code + 4

2. Applicant's D-U-N-S Number

0 1 2 6 5 7 2 2 7

3. Applicant's T-I-N

9 5 - 6 0 0 1 8 4 8

4. Catalog of Federal Domestic Assistance #:

8 4 1 8 4 b

Title: Mentoring Programs5. Project Director: Darian GottiAddress: 11033 Buford AvenueLennox

City

CA

State

90304 - 2126

ZIP Code + 4

Tel. #: (310) 419-1800Fax #: (310) 677-4635E-Mail Address: darian_gotti@lennox.k12.ca.us

6. Novice Applicant

☐ Yes ☐ No

7. Is the applicant delinquent on any Federal debt?

☐ Yes ☒ No

(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.)

F

A State

B Local

C Special District

D Indian Tribe

E Individual

F Independent School

District

G Public College or University

H Private, Non-Profit College or University

I Non-Profit Organization

J Private, Profit-Making Organization

K Other (Specify):

Application Information

9. Type of Submission:

-PreApplication

-Application

☐

Construction

☐

Construction

☐

Non-Construction

☒

Non-Construction

10. Is application subject to review by Executive Order 12372 process?

☒Yes (Date made available to the Executive Order 12372 process for review): 7/7/2004☐

No (If "No," check appropriate box below.)

☐ Program is not covered by E.O. 12372.☐ Program has not been selected by State for review.

12. Are any research activities involving human subjects planned at any time during the proposed project period?

☐

Yes (Go to 12a.)

☒

No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

☐

Yes (Provide Exemption(s) #):

☐

No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

Lennox AVID Mentoring Project - a mentoring project designed to provide academic mentoring services to 150 at-risk middle school students (6th grade - 8th grade) and elementary school students (5th grade)

11. Proposed Project Dates:

Start Date:
10/1/2004End Date:
9/30/2007

Estimated Funding

14a. Federal	\$	586,494.00
b. Applicant	\$	67,000.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	653,494.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Dr. Bruce McDaniel

b. Title

Superintendent

c. Tel. #: (310) 330-4950Fax #: (310) 671-0617d. E-Mail Address: bruce_mcdaniel@lennox.k12.ca.us

e. Signature of Authorized Representative

Date: 7/7/2004

Application for Federal Education Assistance (ED 424)

U.S. Department of Education

Form Approved
OMB No. 1875-0108
Exp. 11/30/2004

Applicant Information

1. Name and Address
Legal Name: **Pacific Camps and Family Resources**

Address: **380 Mobil Avenue**

Camarillo

City

CA

ventura

93010

State

County

ZIP Code + 4

2. Applicant's D-U-N-S Number **0893440011**

3. Applicant's T-I-N **7710578804**

4. Catalog of Federal Domestic Assistance #: **84.184B**
Mentoring Programs

Title:

Kenneth Harley

5. Project Director:

380 Mobil

Address: **Camarillo CA 93010**

City **Camarillo** State **CA** Zip code + 4 **93010**

Tel. #: (805) **482-5250** Fax #: (805) **384-9497**

CampcamarilloBud@aol.com

E-Mail Address:

Application Information

9. Type of Submission:

☐ Pre-Application

☐ Application

☐ Construction

☒ Construction

☐ Non-Construction

☒ Non-Construction

10. Is application subject to review by Executive Order 12372 process?
☒ Yes (Date made available to the Executive Order 12372 process for review): **7/7/04**

☐ No (If "No," check appropriate box below.)

☐ Program is not covered by E.O. 12372.

☐ Program has not been selected by State for review.

11. Proposed Project Dates: **10/1/2004** **9/30/2007**
Start Date: End Date:

Estimated Funding

14a. Federal \$ **459,081.00**
b. Applicant \$ **0.00**
c. State \$ **0.00**
d. Local \$ **0.00**
e. Other \$ **0.00**
f. Program Income \$ **0.00**
g. TOTAL \$ **459,081.00**

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Kenneth Harley

b. Title: **Executive Director**

c. Tel. #: (805) **482-5250** Fax #: (805) **384-9497**

d. E-Mail Address: **CampCamarilloBud@aol.com**

e. Signature of Authorized Representative

Kenneth Harley

Date: **7/2/2004**

Organizational Unit

6. Novice Applicant ☐ Yes ☒ No

7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No
(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.) **L**

A - State

F - Independent School District

B - Local

G - Public College or University

C - Special District
University

H - Private, Non-profit College or

D - Indian Tribe

I - Non-profit Organization

E - Individual

J - Private, Profit-Making Organization

K - Other (Specify):

12. Are any research activities involving human subjects planned at any time during the proposed project period?
☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?
☐ Yes (Provide Exemption(s) #):

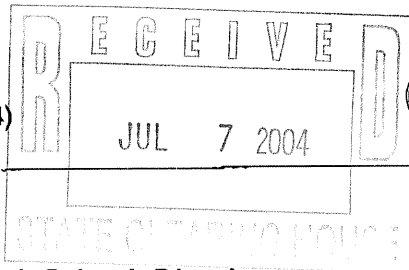
☐ No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

Pacific Camps PATHS (Positive Adults: Teaching, Helping,

Shepherding) Mentoring Project

Application for Federal
Education Assistance (ED 424)



U.S. Department of Education

Form Approved
OMB No. 1875-0108
Exp. 11/30/2004

Applicant Information

1. Name and Address **Chico Unified School District**
Legal Name:
Address: **1163 East 7th Street**

Organizational Unit

Chico Junior/CAL

Chico

City

CA Butte

State County

95928 1163

ZIP Code + 4

2. Applicant's D-U-N-S Number **0 5 9 3 5 9 7 5 2**

3. Applicant's T-I-N **9 4 - 1 5 9 1 6 5 0**

4. Catalog of Federal Domestic Assistance #: **84 1 8 4 B**

Title: **Mentoring Programs**

6. Novice Applicant ☐ Yes ☐ No

7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No
(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.) **[E]**

A - State F - Independent School District
B - Local G - Public College or University
C - Special District H - Private, Non-profit College or University
D - Indian Tribe I - Non-profit Organization
E - Individual J - Private, Profit-Making Organization

K - Other (Specify):

5. Project Director: **Eric Nilsson**

Address: **901 The Esplanade**

Chico **CA** **95926**
City State Zip code + 4
Tel. #: **(530) 895 - 4137** Fax #: **(530) 895 - 4137**

E-Mail Address: **enilsson@chicousd.org**

Application Information

9. Type of Submission:

☐ Pre-Application ☐ Application
☐ Construction ☐ Construction
☐ Non-Construction ☒ Non-Construction

10. Is application subject to review by Executive Order 12372 process?
☒ Yes (Date made available to the Executive Order 12372 process for review): **07 / 06 / 04**

☐ No (If "No," check appropriate box below.)
☐ Program is not covered by E.O. 12372.
☐ Program has not been selected by State for review.

11. Proposed Project Dates: **10/01/04** **09/30/07**
Start Date: End Date:

12. Are any research activities involving human subjects planned at any time during the proposed project period?
☒ Yes (Go to 12a.) ☐ No (Go to Item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

☒ Yes (Provide Exemption(s) #): **1, 4**

☐ No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

One Plus One Mentoring Program

Estimated Funding

14a. Federal \$ **593,176**.00
b. Applicant \$.00
c. State \$.00
d. Local \$ **170,550**.00
e. Other \$.00
f. Program Income \$.00
g. TOTAL \$ **763,726**.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Scott Brown

b. Title: **Superintendent, Chico Unified School District**

c. Tel. #: **(530) 891 - 3000** Fax #: **(530) 891 - 3220**

d. E-Mail Address: **khutchis@chicousd.org**

e. Signature of Authorized Representative

Date: **7/6/04**

Application for Federal Education Assistance



U.S. Department of Education
Form Approved
OMB No. 1875-0106
Exp.

Applicant Information

1. Name and Address

Legal Name: Catholic Charities Diocese of Oakland
Address: 433 Jefferson Street

Organizational Unit

Catholic Charities of the East Bay

Oakland
City

CA
State

Alameda
County

94607 -
ZIP Code + 4

2. Applicant's D-U-N-S Number

835199548

6. Novice Applicant N/A

3. Applicant's T-I-N

942677202

Title: Mentoring Programs

4. Catalog of Federal Domestic Assistance #:

84 184B

7. Is the applicant delinquent on any Federal debt? No
(if "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.)

1

5. Project Director: Millie Burns

Address: 433 Jefferson Street

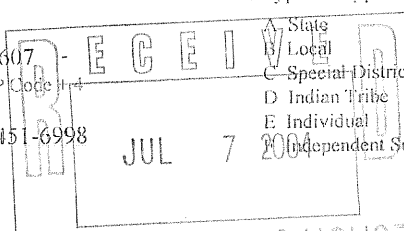
Oakland CA
City State

94607 -
ZIP Code + 4

Tel. #: (510) 768-3188

Fax #: (510) 451-6998

E-Mail Address: millie@cceeb.org



- A. State
B. Local
C. Special District
D. Indian Tribe
E. Individual
F. Independent School District
G. Public College or University
H. Non-Profit College or University
I. Non-Profit Organization
J. Private, Profit-Making Organization
K. Other (Specify):

Application Information

9. Type of Submission:

--Application

Non-Construction

12. Are any research activities involving human subjects planned at any time during the proposed project period? No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations? No

Yes (Provide Exemption(s) #):

10. Is application subject to review by Executive Order 12372 process?

Yes (Date made available to the Executive Order 12372 process for review): 07/02/2004

No (Provide Assurance #, if available):

11. Proposed Project Dates:

Start Date: 09/01/2004
End Date: 08/31/2007

13. Descriptive Title of Applicant's Project:
CCEB School-Based Mentoring Project

Estimated Funding

14a. Federal	\$	206,000	.00
b. Applicant	\$	9,796	.00
c. State	\$	0	.00
d. Local	\$	0	.00
e. Other	\$	12,500	.00
f. Program Income	\$	0	.00
g. TOTAL	\$	228,296	.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/ application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Typed Name of Authorized Representative

Barbara S Terrazas

b. Title

Executive Director

c. Tel. #: (510) 768-3188

Fax #: (510) 451-6998

d. E-Mail Address:

barbara@cceeb.org

e. Signature of Authorized Representative

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address
Legal Name: Big Brothers Big Sisters of Orange
Address: County 14131 Yorba Street, Ste. 200

Organizational Unit

Tustin
City

CA

Orange
State

County

92780
ZIP Code + 4

2. Applicant's D-U-N-S Number 06155656

3. Applicant's T-I-N 951-1992702

4. Catalog of Federal Domestic Assistance #: 84.1184B

Title: Mentoring Programs

5. Project Director: Noly Guardamondo

Address: 14131 Yorba Street, Ste. 200

Tustin CA 92780

City State Zip code + 4

Tel. #: (714) 544-7773 Fax #: (714) 544-7643

E-Mail Address: NGuardamondo@bigbrooc.org

Application Information

9. Type of Submission:

-PreApplication -Application
Construction Construction
Non-Construction X Non-Construction

10. Is application subject to review by Executive Order 12372 process?

X Yes (Date made available to the Executive Order 12372 process for review): 7/7/2004

 No (If "No," check appropriate box below.)

 Program is not covered by E.O. 12372.

 Program has not been selected by State for review.

11. Proposed Project Dates: 10/1/04 9/31/07

Start Date:

End Date:

Estimated Funding

14a. Federal \$ 220,875 .00

b. Applicant \$ 56,100 .00

c. State \$.00

d. Local \$.00

e. Other \$.00

f. Program Income \$.00

g. TOTAL \$ 276,975 .00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true

and correct. The document has been duly authorized by the governing body of the applicant

and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Patricia A. Williams

b. Title: Executive Director

c. Tel. #: (714) 544-7773 Fax #: (714) 544-7643

d. E-Mail Address: PWilliams@bigbrooc.org

e. Signature of Authorized Representative

Patricia A. Williams

Date: 7/5/04

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY	Applicant Identifier State Application Identifier Federal Identifier																												
5. APPLICANT INFORMATION																															
Legal Name: California Urban Water Conservation Council		Organizational Unit: Department: NA Division: NA																													
Organizational DUNS: 944524552		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Mary Ann Middle Name: D. Last Name: Dickinson Suffix:																													
Address: Street: 455 Capitol Mall, Suite 703 City: Sacramento County: Sacramento State: California Zip Code: 95814 Country: U.S.A.																															
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0318069		Email: maryann@cuwcc.org Phone Number (give area code) 916-552-5885 Fax Number (give area code) 916-552-5877																													
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) O (Not for Profit Organization) Other (specify)																													
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-463 TITLE (Name of Program): Water Quality Cooperative Agreement		9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency (U.S. EPA)																													
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): ALL U.S.A.		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Developing a Framework for a National Consortium for Water Efficiency.																													
13. PROPOSED PROJECT Start Date: August 2004 Ending Date: November 2005		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 5th b. Project All Districts																													
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%; text-align: right;">210,000</td> <td style="width:10%; text-align: right;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">40,000</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">250,000</td> <td style="text-align: right;">.00</td> </tr> </table>		a. Federal	\$	210,000	.00	b. Applicant	\$	40,000	.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$	250,000	.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 7/7/04 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$	210,000	.00																												
b. Applicant	\$	40,000	.00																												
c. State	\$.00																												
d. Local	\$.00																												
e. Other	\$.00																												
f. Program Income	\$.00																												
g. TOTAL	\$	250,000	.00																												
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No																													
a. Authorized Representative Prefix: Ms. First Name: Mary Ann Last Name: Dickinson		Middle Name: D. Suffix:																													
b. Title Executive Director		c. Telephone Number (give area code) 916-552-5885																													
d. Signature of Authorized Representative Mary Ann Dickinson		e. Date Signed July 6, 2004																													

Application for Federal Education Assistance (ED 424)

Applicant Information



U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

1. Name and Address

Legal Name: Oakland Unified School DistrictAddress: 1025 Second StreetCity: OaklandState: CACounty: AlamedaZIP Code: 94606 - 2122

2. Applicant's D-U-N-S Number

0 7 6 5 5 4 5 0 0

3. Applicant's T-I-N

9 4 - 6 0 0 0 3 8 5

4. Catalog of Federal Domestic Assistance #:

8 4 1 8 4 B

Title: Mentoring Program5. Project Director: Monica VaughanAddress: 920 - 53rd StreetCity: OaklandState: CAZIP Code: 94608 - 3143Tel. #: (510) 879-2904Fax #: (510) 879-4094E-Mail Address: monica.vaughan@secmail.ousd.k12.ca.us

Organizational Unit

Alternative Education

6. Novice Applicant

☐ Yes ☒ No

7. Is the applicant delinquent on any Federal debt?

☐ Yes ☒ No

(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.)

F

A State

B Local

C Special District

D Indian Tribe

E Individual

F Independent School
District

G Public College or University

H Private, Non-Profit College or University

I Non-Profit Organization

J Private, Profit-Making Organization

K Other (Specify):

Application Information

9. Type of Submission:

—PreApplication

—Application

☒ Construction☐ Construction☐ Non-Construction☐ Non-Construction

10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372
process for review): 07/06/04☐ No (If "No," check appropriate box below.)☐ Program is not covered by E.O. 12372.☐ Program has not been selected by State for review.

12. Are any research activities involving human subjects planned at any time during the proposed project period?

☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

☐ Yes (Provide Exemption(s) #):☐ No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

OUSD's Each One, Teach One mentoring program will serve 90 high-risk 6th-8th grade students per year, through a partnership with three local non-profit community organizations.

11. Proposed Project Dates:

Start Date:

10/01/04

End Date:

09/30/07

Estimated Funding

14a. Federal	\$ <u>200,000</u>	.00
b. Applicant	\$	.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$ <u>200,000</u>	0.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Randolph E. Ward, Ed. D.

b. Title

State Administratorc. Tel. #: (510) 879-8200Fax #: (510) 879-8800

d. E-Mail Address:

e. Signature of Authorized Representative

Date:

6/21/04

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address

Legal Name: Pacific Camps and Family Resources

Address: 380 Mobil Avenue

Camarillo

City

CA

State

Ventura

County

93010

ZIP Code + 4

2. Applicant's D-U-N-S Number 0 8 9 3 4 4 0 0 1

3. Applicant's T-I-N 7 7 - 0 5 7 8 8 0 4

4. Catalog of Federal Domestic Assistance #: 84. 1 8 4 B
Mentoring Programs

Title: _____

Kenneth Harley

5. Project Director:

380 Mobil

Address:

Camarillo

CA

93010

City

State

Zip code + 4

Tel. #: (805) 482- 5250 Fax #: (805) 384 - 9497

CampcamarilloBud@aol.com

E-Mail Address: _____

Application Information

9. Type of Submission:

-PreApplication

-Application

Construction

Construction

Non-Construction

X Non-Construction

10. Is application subject to review by Executive Order 12372 process?

X Yes (Date made available to the Executive Order 12372 process for review): 7 / 7 / 04

 No (If "No," check appropriate box below.)

 Program is not covered by E.O. 12372

 Program has not been selected by State for review.

11. Proposed Project Dates: 10 / 1 / 2004 9 / 30 / 2007

Start Date:

End Date:

Estimated Funding

14a. Federal \$ 459,081. 00

b. Applicant \$. 00

c. State \$. 00

d. Local \$. 00

e. Other \$. 00

f. Program Income \$. 00

g. TOTAL \$ 459,081. 00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true

and correct. The document has been duly authorized by the governing body of the applicant

and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Kenneth Harley

b. Title: Executive Director

c. Tel. #: (805) 482 - 5250 Fax #: (805) 384 - 9497

d. E-Mail Address: CampCamarilloBud@aol.com

e. Signature of Authorized Representative

Kenneth Harley

Date: 7 / 2 / 2004

Organizational Unit

6. Novice Applicant Yes X No

7. Is the applicant delinquent on any Federal debt? Yes X No
(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.) L / I

A - State

F - Independent School District

B - Local

G - Public College or University

C - Special District

H - Private, Non-profit College or

University

D - Indian Tribe

I - Non-profit Organization

E - Individual

J - Private, Profit-Making Organization

K - Other (Specify):

12. Are any research activities involving human subjects planned at any time during the proposed project period?

 Yes (Go to 12a.) X No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

 Yes (Provide Exemption(s) #): _____

 No (Provide Assurance #): _____

13. Descriptive Title of Applicant's Project:

Pacific Camps PATHS (Positive Adults: Teaching, Helping,

Shepherding), Mentoring Project

Application for Federal Education Assistance (ED 424)

U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004**Applicant Information****1. Name and Address**Legal Name Avalon Carver Community Center JUL 7 2004Address: 4920 S. Avalon Blvd.Los Angeles
CityCA
StateUSA
County90011 - 4004
ZIP Code + 42. Applicant's D-U-N-S Number 0 8 0 0 7 4 4 4 63. Applicant's T-I-N 9 5 - 1 6 9 0 9 6 34. Catalog of Federal Domestic Assistance #: 84 1 8 4 BTitle: Mentoring Programs5. Project Director: Thyra CushenberryAddress: 4920 Avalon Blvd.Los Angeles
CityCA
State90011
Zip code + 44004Tel. #: (323) 232-4391 - Fax #: (323) 232 - 0481E-Mail Address: thyracush@earthlink.net**Application Information****9. Type of Submission:**Pre-ApplicationApplicationConstructionConstructionNon-ConstructionX Non-Construction**10. Is application subject to review by Executive Order 12372 process?**Yes (Date made available to the Executive Order 12372
process for review): 7/2/04No (If "No," check appropriate box below.)Program is not covered by E.O. 12372.Program has not been selected by State for review.11. Proposed Project Dates: 10/1/04 9/30/07
Start Date: End Date:**Estimated Funding**14a. Federal \$ 541,102 .00

b. Applicant \$ _____ .00

c. State \$ _____ .00

d. Local \$ _____ .00

e. Other \$ _____ .00

f. Program Income \$ _____ .00

g. TOTAL \$ 541,102 .00**Authorized Representative Information**

15. To the best of my knowledge and belief, all data in this preapplication/application are true

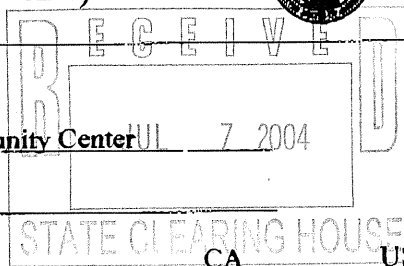
and correct. The document has been duly authorized by the governing body of the applicant

and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Lawrence E. Rodgersb. Title: Executive Directorc. Tel. #: (323) 232-4391 Fax #: (323) 232-0481d. E-Mail Address: larryrodgers@avalon-carver.org

e. Signature of Authorized Representative

Lawrence E. RodgersDate: 7/2/04**Organizational Unit**

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

 Form Approved
OMB No. 1875-0106
Exp. 1/30/2004
Applicant Information**1. Name and Address**Legal Name: San Diego County Office of EducationAddress: 6401 Linda Vista Road**Organizational Unit**
Safe Schools Unit, Safe and Drug-Free
School Program

<u>San Diego</u>	<u>CA</u>	<u>San Diego</u>	<u>92111</u> - <u>7399</u>
City	State	County	ZIP Code + 4

2. Applicant's D-U-N-S Number 0875811533. Applicant's T-I-N 95-60009334. Catalog of Federal Domestic Assistance #: 84. 1 | 8 | 4 | B |Title: Mentoring Programs5. Project Director: Charles Daleo, Ed.D.Address: 5404 Napa StreetSan Diego CA 92110 - 2627

City State Zip code + 4

Tel. #: (619) 718 - 6674 Fax #: (619) 299 - 6261E-Mail Address: chasxmex@sdcoc.net6. Novice Applicant Yes X No7. Is the applicant delinquent on any Federal debt? Yes X No
(If "Yes," attach an explanation.)8. Type of Applicant (Enter appropriate letter in the box.) K

A - State	F - Independent School District
B - Local	G - Public College or University
C - Special District	H - Private, Non-profit College or University
D - Indian Tribe	I - Non-profit Organization
E - Individual	J - Private, Profit-Making Organization

K - Other (Specify): County Office of Education**Application Information****9. Type of Submission:**

<u>PreApplication</u>	<u>Application</u>
<u>Construction</u>	<u>Construction</u>
<u>Non-Construction</u>	<u>X</u> Non-Construction

10. Is application subject to review by Executive Order 12372 process?X Yes (Date made available to the Executive Order 12372 process for review): / / No (If "No," check appropriate box below.) Program is not covered by E.O. 12372.X Program has not been selected by State for review.11. Proposed Project Dates: 10/01/04

Start Date:

09/30/07

End Date:

12. Are any research activities involving human subjects planned at any time during the proposed project period?Yes (Go to 12a.) X No (Go to item 13.)**12a. Are all the research activities proposed designated to be exempt from the regulations?**Yes (Provide Exemption(s) #): No (Provide Assurance #): **13. Descriptive Title of Applicant's Project:**Friday Night Live Mentoring: A Consortium Application**Estimated Funding**14a. Federal \$ 200,000.00b. Applicant \$.00c. State \$.00d. Local \$.00e. Other \$.00f. Program Income \$.00g. TOTAL \$ 200,000.00**Authorized Representative Information**

15. To the best of my knowledge and belief, all data in this preapplication/application are true

and correct. The document has been duly authorized by the governing body of the applicant

and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Donald Sheltonb. Title: Assistant Superintendent, Business Servicesc. Tel. #: (858) 292 - 3618 Fax #: (858) 541 - 0697d. E-Mail Address: dshelton@sdcoc.net

e. Signature of Authorized Representative

Richard D. Thome
 Richard D. Thome for Donald Shelton
Assistant Superintendent
Human Resources and Technology
Date: 7/2/04

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved
OMB No. 1875-0108
Exp. 11/30/2004

Applicant Information

1. Name and Address

Legal Name: Ascension Lutheran Church

Address: 5280 West Blvd

Los Angeles
City

CA
State

Los Angeles 90043-3023
County ZIP Code + 4

2. Applicant's D-U-N-S Number 1 8 3 8 8 1 8 3 8

3. Applicant's T-I-N 9 5 1 7 9 5 5 7 7

4. Catalog of Federal Domestic Assistance #: 84-1183(B)

Title: Mentoring Program

5. Project Director: Nancy Barbee

Address: 5280 West Blvd.

Los Angeles CA 90043-3023
City State Zip code + 4

Tel. #: (310) 206-2427 Fax #: () -

E-Mail Address: nbarbee@conet.ucla.edu

Application Information

9. Type of Submission:

☒ Pre-Application ☐ Application
☐ Construction ☐ Construction
☐ Non-Construction ☒ Non-Construction

10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372 process for review): 7 / 02 / 04

☐ No (If "No," check appropriate box below.)

☐ Program is not covered by E.O. 12372.

☐ Program has not been selected by State for review.

11. Proposed Project Dates: 10/01/04

Start Date:

5/30/07

End Date:

Estimated Funding

14a. Federal \$ 198,375 .00
b. Applicant \$.00
c. State \$.00
d. Local \$.00
e. Other \$ 29,600 .00
f. Program Income \$.00
g. TOTAL \$ 227,975 .00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true

and correct. The document has been duly authorized by the governing body of the applicant

and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Carl Jones

b. Title: President

c. Tel. #: (323) 282-9955 Fax #: (323) 292-8965

d. E-Mail Address: pastoralstarr@aol.com

e. Signature of Authorized Representative

Carl Jones

Date: 07/04/04

Organizational Unit

Ascension Lutheran Church

6. Novice Applicant ☒ Yes ☐ No

7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No
(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.) ☐ K

A - State F - Independent School District
B - Local G - Public College or University
C - Special District H - Private, Non-profit College or University
D - Indian Tribe I - Non-profit Organization
E - Individual J - Private, Profit-Making Organization

K - Other (Specify): Faith-based Organization

12. Are any research activities involving human subjects planned at any time during the proposed project period?
☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

☐ Yes (Provide Exemption(s) #):

☐ No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

Academic Center of Excellence Mentoring Program

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved
OMB No. 1875-0108
Exp. 11/30/2004

Applicant Information

1. Name and Address

Legal Name: Newport-Mesa Unified School District

Address: 2985 Bear Street

Building A

Costa Mesa
City

CA
State

Orange
County

92626 - 4300
ZIP Code + 4

2. Applicant's D-U-N-S Number 0 8 1 1 7 3 0 8 0

6. Novice Applicant Yes X No

3. Applicant's T-I-N 9 5 1 2 4 1 7 7 3 8

7. Is the applicant delinquent on any Federal debt? Yes X No
(If "Yes," attach an explanation.)

4. Catalog of Federal Domestic Assistance #: 84.184

Title: Mentoring Programs

8. Type of Applicant (Enter appropriate letter in the box.) F

5. Project Director: Christine Jurenka

Address: 2985 Bear Street, Building A

Costa Mesa CA 92626-4300

City State Zip code + 4

Tel. #: (714) 424-7535 Fax #: (714) 424-5073

E-Mail Address: cjurenka@nmusd.us

- A - State F - Independent School District
B - Local G - Public College or University
C - Special District H - Private, Non-profit College or University
D - Indian Tribe I - Non-profit Organization
E - Individual J - Private, Profit-Making Organization

K - Other (Specify):

Application Information

9. Type of Submission:

- PreApplication
Construction X Construction
Non-Construction Non-Construction

10. Is application subject to review by Executive Order 12372 process?

X Yes (Date made available to the Executive Order 12372 process for review): 07 / 07 / 2004

No (If "No," check appropriate box below.)

- Program is not covered by E.O. 12372.
Program has not been selected by State for review.

11. Proposed Project Dates: 10 / 1 / 2004 9 / 30 / 2007
Start Date: End Date:

12. Are any research activities involving human subjects planned at any time during the proposed project period?
Yes (Go to 12a.) X No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

Yes (Provide Exemption(s) #):

No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

Project Caring Connections

Estimated Funding

14a. Federal \$ 572,932.0500

b. Applicant \$ 109,122.7800

c. State \$ 00.00

d. Local \$ 00.00

e. Other \$ 00.00

f. Program Income \$ 00.00

g. TOTAL \$ 682,054.8400

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true

and correct. The document has been duly authorized by the governing body of the applicant

and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Robert J. Barbot

b. Title: Superintendent

c. Tel. #: (714) 424-5033 Fax #: (714) 424-5018

d. E-Mail Address: rbarbot@nmusd.us

e. Signature of Authorized Representative

[Signature]

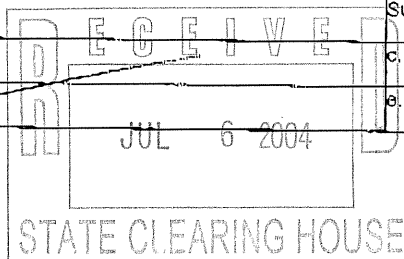
Date: 6/28/04

Newport-Mesa Unified School District
Project Caring Connections

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED July 11, 2004	Applicant Identifier	
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: Valley Economic Development Center		Organizational Unit: Department:		
Organizational DUNS: 171087653		Division:		
Address: Street: 5121 Van Nuys Blvd, 3rd Floor		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Roberto		
City: Van Nuys		Middle Name		
County: Los Angeles		Last Name Barragan		
State: CA		Suffix:		
Zip Code 91403		Email: roberto@vedc.org		
Country: U.S.A.		Phone Number (give area code) (818) 907-9977		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-3139419		Fax Number (give area code) (818) 907-9720		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) N Other (specify) Non-Profit Econ. Develop. Corp.		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93-570		9. NAME OF FEDERAL AGENCY: Dept. of Health & Human Services		
TITLE (Name of Program): Commun. Serv. Block Grant-Discretionary		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Pacoima Equity Investment Project		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Northeast San Fernando Valley, City of LA		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 26 b. Project 26, 27, 28, 30, 31		
13. PROPOSED PROJECT Start Date: October 2004 Ending Date: March 2007		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes, <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: July 6, 2004 b. No, <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
15. ESTIMATED FUNDING: a. Federal \$ b. Applicant \$700,000 c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$700,000		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative Prefix First Name Roberto		Middle Name		
Last Name Barragan		Suffix		
b. Title President		c. Telephone Number (give area code) (818) 907-9977		
d. Signature of Authorized Representative		e. Date Signed July 6 2004		
Previous Edition Usable Authorized for Local Reproduction				



Standard Face Sheet

Page 1 of 2

Application for Federal
Education AssistanceU.S. Department of Education
Form Approved
OMB No. 1875-0106
Exp.

Applicant Information

1. Name and Address

Legal Name: David & Margaret Home Inc.Address: 1350 Third Street

Organizational Unit

La Verne
CityCA
StateLos Angeles
County91750 -
ZIP Code + 4

2. Applicant's D-U-N-S Number

076243534

6. Novice Applicant Yes

3. Applicant's T-I-N

Title: Mentoring Programs

4. Catalog of Federal Domestic Assistance #:

84 184B5. Project Director: Gene F GrahamAddress: 1350 ThirdLa Verne
CityCA
State91750 -
ZIP Code + 4Tel. #: (909) 596-5921Fax #: (909) 596-7583E-Mail Address: grahamg@dmhome.org7. Is the applicant delinquent on any Federal debt? No
(if "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.)

1

- | | |
|-------------------------------|---------------------------------------|
| A State | G Public College or University |
| B Local | H Non-Profit College or University |
| C Special District | I Non-Profit Organization |
| D Indian Tribe | J Private, Profit-Making Organization |
| E Individual | K Other (Specify): |
| F Independent School District | |

Application Information

9. Type of Submission:

--Application

Non-Construction

12. Are any research activities involving human subjects planned
at any time during the proposed project period? Yes (Go to 12a.)12a. Are all the research activities proposed designated to be
exempt from the regulations? Yes

Yes (Provide Exemption(s)#):

1, 2, 4, 5

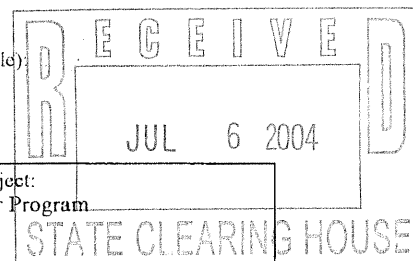
No (Provide Assurance #, if available)

10. Is application subject to review by Executive Order 12372 process?

Yes (Date made available to the Executive Order 12372
process for review): 07/06/2004

11. Proposed Project Dates:

Start Date:	End Date:
<u>10/01/2004</u>	<u>09/30/2007</u>

13. Descriptive Title of Applicant's Project:
David & Margaret Home Mentor Program

Estimated Funding

14a. Federal	\$	153,990	.00
b. Applicant	\$	2,040	.00
c. State	\$	0	.00
d. Local	\$	34,019	.00
e. Other	\$	6,105	.00
f. Program Income	\$	0	.00
g. TOTAL	\$	196,154	.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/
application are true and correct. The document has been duly
authorized by the governing body of the applicant and the applicant
will comply with the attached assurances if the assistance is awarded.

a. Typed Name of Authorized Representative

Charles C. Rich

b. Title

Executive Directorc. Tel. #: (909) 596-5921 Fax #: (909) 596-7583d. E-Mail Address: RichC@DMHome.org

c. Signature of Authorized Representative

Charles C. Rich

Application for Federal Education Assistance (ED 424)

Applicant Information



U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

1. Name and Address

Legal Name: Big Brothers Big Sisters of San Francisco & the PeninsulaAddress: 600 Townsend Street, Suite 120e

Organizational Unit

San Francisco
CityCA
StateSan Francisco
County94103 - 4955
ZIP Code + 4

2. Applicant's D-U-N-S Number

0 6 2 3 0 4 9 2 8

3. Applicant's T-I-N

9 4 - 2 8 9 7 6 8 3

4. Catalog of Federal Domestic Assistance #:

8 4 1 8 4 BTitle: KISmet: Kids in School Meeting their Match5. Project Director: Nancy TorreyAddress: 600 Townsend Street, Suite 120eSan Francisco
CityCA
State94103 - 4955
ZIP Code + 4Tel. #: (415) 503-4058Fax #: (415) 503-4051E-Mail Address: ntorrey@sf-bbbs.org6. Novice Applicant ☐ Yes ☐ No7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No
(If "Yes," attach an explanation.)8. Type of Applicant (Enter appropriate letter in the box.) I

- A State
B Local
C Special District
D Indian Tribe
E Individual
F Independent School District
- G Public College or University
H Private, Non-Profit College or University
I Non-Profit Organization
J Private, Profit-Making Organization
K Other (Specify):

Application Information

9. Type of Submission:

—PreApplication

- ☐ Construction
☐ Non-Construction

—Application

- ☐ Construction
☒ Non-Construction

10. Is application subject to review by Executive Order 12372 process?

- ☒ Yes (Date made available to the Executive Order 12372 process for review): 7/6/2004

☐ No (If "No," check appropriate box below.)

- ☐ Program is not covered by E.O. 12372.
☐ Program has not been selected by State for review.

11. Proposed Project Dates:

Start Date:
10/1/2004End Date:
9/30/2007

12. Are any research activities involving human subjects planned at any time during the proposed project period?

- ☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

- ☐ Yes (Provide Exemption(s) #):
☐ No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

KISmet: Kids in School Meeting their Match / Year-round one-to-one school-based mentoring

Estimated Funding

14a. Federal	\$	194,200.00
b. Applicant	\$	6,100.00
c. State	\$	0.00
d. Local	\$	0.00
e. Other	\$	23,500.00
f. Program Income	\$	0.00
g. TOTAL	\$	223,800.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Sherry Squire Mitchell

b. Title

Executive Directorc. Tel. #: (415) 503-4055Fax #: (503) 415-4051d. E-Mail Address: ssmitchell@sf-bbbs.org

e. Signature of Authorized Representative

Date: 7/6/2004

Application for Federal Education Assistance (ED 424)



U.S. Department of Educa

 Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address

Legal Name: Lake County Office of Education

Organizational Unit

County Office of EducationAddress: 1152 South Main Street
Lakeport
City

CA
State

Lake
County

95453 -
ZIP Code + 4
2. Applicant's D-U-N-S Number 1 0 0 0 0 9 9 9 26. Novice Applicant Yes ☒ No3. Applicant's T-I-N 9 4 - 2 7 6 0 9 4 27. Is the applicant delinquent on any Federal debt? Y o
(If "Yes," attach an explanation.)4. Catalog of Federal Domestic Assistance #: 84 1 8 4 BTitle: Mentoring Programs

8. Type of Applicant (Enter appropriate letter in the box.)

A - State	F - Independent School District
B - Local	G - Public College or University
C - Special District	H - Private, Non-profit College or U
D - Indian Tribe	I - Non-profit Organization
E - Individual	J - Private, Profit-Making Organizat

K - Other (Specify): County Office of Education

5. Project Director: Joyce Elmer

Address: 1152 South Main Street
Lakeport CA 95453 5598
City State Zip code + 4
Tel. #: (707) 279 - 4607 Fax #: (707) 279 - 4092E-Mail Address: jelmer@lake-coe.k12.ca.us

Application Information

9. Type of Submission:

<u>-PreApplication</u>	<u>-Application</u>
<u>Construction</u>	<u>Construction</u>
<u>Non-Construction</u>	<input checked="" type="checkbox"/> <u>Non-Construction</u>

10. Is application subject to review by Executive Order 12372 process?

X Yes (Date made available to the Executive Order 12372 process for review): 07 / 06 / 04No (If "No," check appropriate box below.)Program is not covered by E.O. 12372.Program has not been selected by State for review.

11. Proposed Project Dates: 10 / 01 / 2004 09 / 30 / 2007

Start Date:

End Date:

 12. Are any research activities involving human subjects |
any time during the proposed project period?
Yes (Go to 12a.) ☒ No (Go to item 13.)
12a. Are all the research activities proposed designa
exempt from the regulations?Yes (Provide Exemption(s) #):No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

Oak Hill Teen Connection

Estimated Funding

14a. Federal	\$ <u>150,000</u> .00
b. Applicant	\$ _____ .00
c. State	\$ _____ .00
d. Local	\$ _____ .00
e. Other	\$ _____ .00
f. Program Income	\$ _____ .00
g. TOTAL	\$ <u>150,000</u> .00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application a

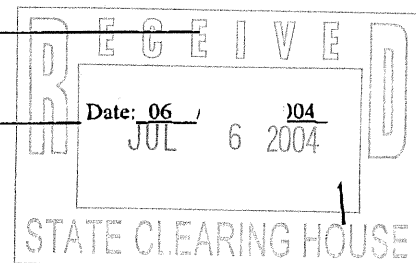
and correct. The document has been duly authorized by the governing body of the

and the applicant will comply with the attached assurances if the assistance is awar

a. Authorized Representative (Please type or print name clearly.)

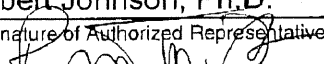
Chris Thomasb. Title: Assistant Superintendent of Schoolsc. Tel. #: (707) 262 - 4125 Fax #: (707) 263 - 0197d. E-Mail Address: cthomas@lake-coe.k12.ca.us

e. Signature of Authorized Representative

Chris Thomas

**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: <input checked="" type="checkbox"/> Application Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Preapplication Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED June 7, 2004	Applicant Identifier
		3. DATE RECEIVED BY STATE June 7, 2004	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: California Department of Veterans Affairs		Organizational Unit: Veterans Home of California, Yountville	
Address (give city, county, State, and zip code): 1227 O Street, Suite 314 Sacramento, CA 95814		Name and telephone number of person to be contacted on matters involving this application (give area code): Robert Johnson, Ph.D. Director, CDVA Const. Di (916) 653-0240	
6. EMPLOYER IDENTIFICATION NUMBER (EIN) 94-6038157		7. TYPE OF APPLICANT: (enter appropriate letter in box) A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ A	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: Department of Veterans Affairs	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 64 005 TITLE: State Home Construction Grants		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: CHILLER REPLACEMENT PROJECT. (A life/safety project to replace a failed Chiller Unit that provides cooling to licensed care facilities for the elderly.) See Enclosure 1 for detail.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of California			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date Sept 2004	Ending Date June 2005	a. Applicant Robert Matsui, 5th CA Cong. Dist.	b. Project Mike Thompson, 1st CA Congressional District
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 632,320.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:	
b. Applicant	\$.00	DATE _____	
c. State	\$ 340,480.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$.00		
f. Program Income	\$.00		
g. TOTAL	\$ 972,800.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Robert Johnson, Ph.D.		b. Title Dir., CDVA Const. Division	c. Telephone Number (916) 653-0240
d. Signature of Authorized Representative 		e. Date Signed 7-2-04	

Previous Edition Usable
Authorized for Local ReproductionStandard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

STATE CLEARING HOUSE

Application for Federal Education Assistance (ED 424)

Applicant Information



U.S. Department of Education

Form Approved
OMB No. 1875-0108
Exp. 11/30/2004

1. Name and Address

Legal Name: Imperial County Office of Education

Organizational Unit

Address: 1398 Sperber RoadStudent Well-Being & Family ResourcesEl Centro

City

Ca
StateImperial
County92243

ZIP Code + 4

2. Applicant's D-U-N-S Number 0849801763. Applicant's T-I-N 95-60016654. Catalog of Federal Domestic Assistance #: 84184BTitle: Mentoring Program6. Novice Applicant ☐ Yes ☒ No7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No
(If "Yes," attach an explanation.)8. Type of Applicant (Enter appropriate letter in the box.) F

- A State
B Local
C Special District
D Indian Tribe
E Individual
F Independent School District
G Public College or University
H Private, Non-Profit College or University
I Non-Profit Organization
J Private, Profit-Making Organization
K Other (Specify):

5. Project Director: Rita BroganAddress: 1398 Sperber RoadEl Centro

City

Ca
State92243

ZIP Code + 4

Tel. #: (760) 312-6498Fax #: (760) 312-6476E-Mail Address: rbrogan@icoe.org

Application Information

9. Type of Submission:

—PreApplication

—Application

☐

Construction

☐

Construction

☐

Non-Construction

☒

Non-Construction

10. Is application subject to review by Executive Order 12372 process?

☒Yes (Date made available to the Executive Order 12372 process for review): 7/6/2004☐

No (If "No," check appropriate box below.)

☐

Program is not covered by E.O. 12372.

☐

Program has not been selected by State for review.

12. Are any research activities involving human subjects planned at any time during the proposed project period?

☐

Yes (Go to 12a.)

☒

No (Go to Item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

☐

Yes (Provide Exemption(s) #):

☐

No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

Countywide mentoring of 135 at risk students per year in grades 5th -8th.

11. Proposed Project Dates:

Start Date:

10/1/2004

End Date:

9/30/2007

Estimated Funding

14a. Federal	\$	200,000.00
b. Applicant	\$	.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	200,000.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Judy Maurice

b. Title

Deputy Superintendentc. Tel. #: (760) 312-6429Fax #: (760) 312-6576d. E-Mail Address: jmaurice@icoe.org

e. Signature of Authorized Representative

Date:

7/6/04

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name: California Urban Water Conservation Council		Department: n/a	
Organizational DUNS: 944524552		Division: n/a	
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Street: 455 Capitol Mall, Suite 703		Prefix:	First Name: Katie
City: Sacramento		Middle Name	
County: Sacramento		Last Name Shulte Joung	
State: CA	Zip Code: 95814	Suffix:	
Country: USA		Email: katie@cuwcc.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0318069		Phone Number (give area code) (916) 552-5885 ext. 15	Fax Number (give area code) (916) 552-5877
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) O (Not for Profit Organization) Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-463 TITLE (Name of Program): Water Quality Cooperative Agreement FRL-7599-8		9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency (U.S. EPA)	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Calculating Utility Avoided Costs and Environmental Values of Urban Water Use Efficiency Programs	
13. PROPOSED PROJECT Start Date: 3/02 Ending Date: 12/05		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 5th b. Project Districts 1 thru 53	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal EPA	\$ 100,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 7/6/04	
b. Applicant	\$ 35,000.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ 0.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 0.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other Federal-USBR	\$ 240,000.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ 0.00		
g. TOTAL	\$ 375,000.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix	First Name Mary Ann	Middle Name	
Last Name Dickinson		Suffix	
b. Title Executive Director		c. Telephone Number (give area code) (916) 552-5885	
d. Signature of Authorized Representative Mary Ann Dickinson		e. Date Signed 7/6/2004	

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: California Urban Water Conservation Council		Organizational Unit: Department: NA	
Organizational DUNS: 944524552		Division: NA	
Address: Street: 455 Capitol Mall, Suite 703		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Mary Ann	
City: Sacramento		Middle Name D.	
County: Sacramento		Last Name Dickinson	
State: California	Zip Code: 95814	Suffix:	
Country: U.S.A.		Email: maryann@cuwcc.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0318069		Phone Number (give area code) 916-552-5885	Fax Number (give area code) 916-552-5877
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) <input type="checkbox"/> O (Not for Profit Organization) Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-463 TITLE (Name of Program): Water Quality Cooperative Agreement		9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency (U.S. EPA)	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): ALL U.S.A.		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Developing a Framework for a National Consortium for Water Efficiency.	
13. PROPOSED PROJECT Start Date: August 2004 Ending Date: November 2005		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 5th b. Project All Districts	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 200,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:	
b. Applicant	\$ 40,000.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$.00		
g. TOTAL	\$ 240,000.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Ms.	First Name Mary Ann	Middle Name D.	
Last Name Dickinson		Suffix	
b. Title Executive Director		c. Telephone Number (give area code) 916-552-5885	
d. Signature of Authorized Representative Mary Ann Dickinson		e. Date Signed July 6, 2004	

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED July 12, 2004	Applicant Identifier 04-541	
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: California Integrated Waste Management Board		Organizational Unit: Department:		
Organizational DUNS: 80 832 1889		Division: Waste Prevention and Market Development		
Address: Street: 1001 I Street P. O. Box 4025, MS-12 City: Sacramento County: Sacramento State: CA		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Dana Middle Name: Nichole Last Name: Papke Suffix:		
Zip Code 95812		Email: dpapke@ciwmb.ca.gov		
Country: USA		Phone Number (give area code) (916) 341-8496		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0314973		Fax Number (give area code) (916) 319-7121		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) A Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-708		9. NAME OF FEDERAL AGENCY: Environmental Protection Agency, Bill Jones		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Operation and Maintenance Training Modules for High Performance School Facilities		
13. PROPOSED PROJECT Start Date: October 1, 2004 Ending Date: March 31, 2006		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 5 b. Project Statewide		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 26,000	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: July 6, 2004		
b. Applicant	\$ 15,000	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$ 11,000	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$			
g. TOTAL	\$ 52,000			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix Mr.	First Name Mark	Middle Name		
Last Name Leary	Suffix			
b. Title Executive Director	c. Telephone Number (give area code) (916) 341-6544			
d. Signature of Authorized Representative	e. Date Signed July 8, 2004			

Previous Edition Usable
Authorized for Local ReproductionStandard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 5, 2004		Applicant Identifier Vista Verde	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Housing Authority of the County of Kern			Organizational Unit: Department:		
Organizational DUNS: 0779790128			Division:		
Address: Street: 601 24th Street			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Mark		
City: Bakersfield			Middle Name A.		
County: Kern			Last Name Smith		
State: CA		Zip Code 93301	Suffix:		
Country: USA			Email: msmith@kernha.org		STATE CLEARING HOUSE
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6001629			Phone Number (give area code) (661) 631-8500		Fax Number (give area code) (661) 631-9500
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify) N: Public Housing Agency		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Farm Labor Housing Loan and Grant Program			9. NAME OF FEDERAL AGENCY: United States Department of Agriculture		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Bakersfield, Kern County, California			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Vista Verde, Application for Funding		
13. PROPOSED PROJECT Start Date: 03/2005 Ending Date: 05/2006			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 20th and 22nd b. Project 20th		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal USDA	\$	1,400,000.00	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$	126,798.00	DATE:		
c. State Joe Serna, Tax Credits	\$	8,421,031.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$	.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other HUD RHF Funds	\$	1,012,028.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income	\$	.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$	10,959,857.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative Prefix Mr. First Name William Middle Name L. Suffix					
Last Name Carter			c. Telephone Number (give area code) (661) 631-8500		
b. Title Executive Director			e. Date Signed May 5, 2004		
d. Signature of Authorized Representative					

Application for Federal Education Assistance (ED 424)

Applicant Information



U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

1. Name and Address

Legal Name: HOPE worldwide, Ltd.Address: 353 W. Lancaster Avenue, Suite 200

Organizational Unit

HOPE WORLDWIDE - LOS ANGELESWayne

City

PA
StateDelaware
County19087
ZIP Code + 4

2. Applicant's D-U-N-S Number

8 3 5 2 9 0 4 3 8

3. Applicant's T-I-N

0 4 - 3 1 2 9 8 3 9

4. Catalog of Federal Domestic Assistance #:

8 4 1 8 4 BTitle: Office of Safe and Drug Free Schools Mentoring Programs5. Project Director: David ChaneyAddress: 353 W. Lancaster Avenue, Suite 200Wayne

City

PA
State

19087

ZIP Code + 4

Tel. #: (610) 254-8800Fax #: (610) 254-8989E-Mail Address: david_chaney@hopeww.org

6. Novice Applicant

☐ Yes ☒ No

7. Is the applicant delinquent on any Federal debt?

☐ Yes ☒ No

(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.)

I

A State

B Local

C Special District

D Indian Tribe

E Individual

F Independent School
District

G Public College or University

H Private, Non-Profit College or University

I Non-Profit Organization

J Private, Profit-Making Organization

K Other (Specify):

Application Information

9. Type of Submission:

—PreApplication

☐ Construction☐ Non-Construction

—Application

☐ Construction☒ Non-Construction

10. Is application subject to review by Executive Order 12372 process?

☐ Yes (Date made available to the Executive Order 12372
process for review: _____)☒ No (If "No," check appropriate box below.)☐ Program is not covered by E.O. 12372.☒ Program has not been selected by State for review.

12. Are any research activities involving human subjects planned at any time during the proposed project period?

☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

☐ Yes (Provide Exemption(s) #): _____☐ No (Provide Assurance #): _____

13. Descriptive Title of Applicant's Project:

HOPE worldwide Los Angeles-Based Mentoring Program

11. Proposed Project Dates:

Start Date:
2/1/2004End Date:
9/30/2007

Estimated Funding

14a. Federal	\$	186,259.00
b. Applicant	\$	116,863.00
c. State	\$	.00
d. Local	\$	13,200.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	316,322.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Randolph S. Jordan

b. Title

Vice President, Legal Affairsc. Tel. #: (610) 254-8800Fax #: (610) 254-8989d. E-Mail Address: randy_jordan@hopeww.org

e. Signature of Authorized Representative

Date: 7/6/04

RECEIVED

JUL 06 2004

STATE CLEARING HOUSE

Application for Federal
Education Assistance (ED 424)



U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address

Legal Name: Children Uniting Nations

Address: 9911 W. Pico Blvd., Suite 990

Organizational Unit

Los Angeles

City

CA
State

Los Angeles
County

90035 - 2731
ZIP Code + 4

2. Applicant's D-U-N-S Number 1 3 4 6 9 1 4 8 9

3. Applicant's T-I-N 9 5 1 4 7 2 5 3 2 3

4. Catalog of Federal Domestic Assistance #: 84. 1 8 4 B

Title: Mentoring Programs Grant

6. Novice Applicant ☒ Yes ☐ No

7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No
(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.) ☐ I

A - State
B - Local
C - Special District
D - Indian Tribe
E - Individual
F - Independent School District
G - Public College or University
H - Private, Non-profit College or
University
I - Non-profit Organization
J - Private, Profit-Making Organization

K - Other (Specify):

5. Project Director: Daphna Edwards Ziman

Address: 9911 W. Pico Blvd., Suite 990

Los Angeles
City

CA
State

90035 - 2731
Zip code + 4

Tel. #: (310) 203 - 0500 Fax #: (310) 203 - 0510

E-Mail Address: info@childrenunitingnations.org

Application Information

9. Type of Submission:

☐ Pre-Application
☐ Construction
☒ Non-Construction
☐ Application
☐ Construction
☒ Non-Construction

10. Is application subject to review by Executive Order 12372 process?
☒ Yes (Date made available to the Executive Order 12372
process for review): 7 / 2 / 2004

☐ No (If "No," check appropriate box below.)
☐ Program is not covered by E.O. 12372.
☐ Program has not been selected by State for review.

11. Proposed Project Dates: 10 / 1 / 2004 10 / 1 / 2007
Start Date: End Date:

Estimated Funding

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true

and correct. The document has been duly authorized by the governing body of the applicant
and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Daphna Edwards Ziman

b. Title: Founder and Chair, Children Uniting Nations

c. Tel. #: (310) 203 - 0500 Fax #: (310) 203 - 0510

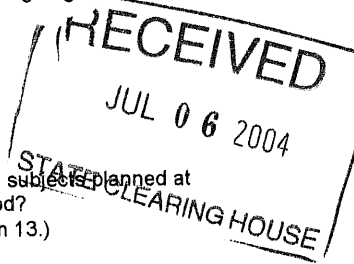
d. E-Mail Address: info@childrenunitingnations.org

e. Signature of Authorized Representative

Daphna Edwards Ziman

Date: 7 / 1 / 04

14a. Federal \$ 199,432.00
b. Applicant \$ 0.00
c. State \$ 0.00
d. Local \$ 41,526.00
e. Other \$ 0.00
f. Program Income \$ 0.00
g. TOTAL \$ 240,958.00



12. Are any research activities involving human subjects planned at
any time during the proposed project period?
☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

12a. Are all the research activities proposed designated to be
exempt from the regulations?
☐ Yes (Provide Exemption(s) #):
☐ No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

mPlay Youth Mentoring Program

Application for Federal Education Assistance (ED 424)

Applicant Information



U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

1. Name and Address

Legal Name: Proteus Inc.Address: 1830 N. Dinuba Blvd.

Organizational Unit

Visalia
CityCA
StateTulare
County93291 -
ZIP Code + 4

2. Applicant's D-U-N-S Number

1 4 5 7 2 7 8 8 9

3. Applicant's T-I-N

9 4 - 2 1 8 4 3 3 0

4. Catalog of Federal Domestic Assistance #:

8 4 1 8 4 BTitle: Mentoring Programs

6. Novice Applicant

☒ Yes ☐ No

7. Is the applicant delinquent on any Federal debt?

☐ Yes ☒ No

(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.)

I

- A State
B Local
C Special District
D Indian Tribe
E Individual
F Independent School District
G Public College or University
H Private, Non-Profit College or University
I Non-Profit Organization
J Private, Profit-Making Organization
K Other (Specify):

5. Project Director: Javier GuzmanAddress: 3706 MCall Ave.Selma

City

CA

State

93657 -

ZIP Code + 4

Tel. #: (559) 891-0135Fax #: (559) 891-0177E-Mail Address: JAVIER@proteusinc.org

Application Information

9. Type of Submission:

—PreApplication

—Application

☐

Construction

☐

Construction

☐

Non-Construction

☒

Non-Construction

10. Is application subject to review by Executive Order 12372 process?

☒Yes (Date made available to the Executive Order 12372 process for review): 6/15/2004☐

No (If "No," check appropriate box below.)

☐

Program is not covered by E.O. 12372.

☐

Program has not been selected by State for review.

12. Are any research activities involving human subjects planned at any time during the proposed project period?

☐

Yes (Go to 12a.)

☒

No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

☐

Yes (Provide Exemption(s) #):

☐

No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

Youth Mentoring Program**RECEIVED**
JUL 06 2004
STATE CLEARING HOUSE

11. Proposed Project Dates:

Start Date:

10/1/04

End Date:

9/30/07

Estimated Funding

14a. Federal	\$	<u>600,000.00</u>
b. Applicant	\$	<u>.00</u>
c. State	\$	<u>.00</u>
d. Local	\$	<u>.00</u>
e. Other	\$	<u>.00</u>
f. Program Income	\$	<u>.00</u>
g. TOTAL	\$	<u>600,000.00</u>

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Michael E. McCann

b. Title

Chief Executive Officer

c. Tel. #:

(559) 733-5423

Fax #:

(559) 738-1137

d. E-Mail Address:

Mike@proteusinc.org

e. Signature of Authorized Representative

Date:

Application for Federal
Education AssistanceU.S. Department of Education
Form Approved
OMB No. 1875-0106
Exp.

Applicant Information

1. Name and Address

Legal Name: Catholic Charities Diocese of Oakland
Address: 433 Jefferson StreetOakland
CityCA
State

2. Applicant's D-U-N-S Number

835199548

3. Applicant's T-E-N

942677202

Title: Mentoring Programs

4. Catalog of Federal Domestic Assistance #

84 184B

5. Project Director:

Millee Burns

Address: 433 Jefferson Street

Oakland

CA

94607

City

State

ZIP Code + 4

Tel #: (510) 768-3188

Fax #: (510) 451-6998

E-Mail Address: millee@cceb.org

Organizational Unit

Catholic Charities of the East Bay

Alameda

County

94607

ZIP Code + 4

6. Novice Applicant

N/A

7. Is the applicant delinquent on any Federal debt?

No

(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.)

I

A. State

G. Public College or University

B. Local

H. Non-Profit College or University

C. Special District

I. Non-Profit Organization

D. Indian Tribe

J. Private, Profit-Making Organization

E. Individual

K. Other (Specify):

F. Independent School District

Application Information

9. Type of Submission:

-Application

Non-Construction

12. Are any research activities involving human subjects planned at any time during the proposed project period?

No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations? No

Yes (Provide Exemption(s) #):

No (Provide Assurance #, if available):

10. Is application subject to review by Executive Order 12372 process?

Yes (Date made available to the Executive Order 12372 process for review): 07/02/2004

11. Proposed Project Dates:

Start Date: 09/01/2004
End Date: 08/31/200713. Descriptive Title of Applicant's Project:
CCEB School-Based Mentoring ProjectRECEIVED
JUL 06 2004
STATE CLEARINGHOUSE

Estimated Funding

14a. Federal	\$	206,000	.00
b. Applicant	\$	9,796	.00
c. State	\$	0	.00
d. Local	\$	0	.00
e. Other	\$	12,500	.00
f. Program Income	\$	0	.00
g. TOTAL	\$	228,296	.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Typed Name of Authorized Representative

Barbara S. Terrazas

b. Title

Executive Director

c. Tel. #: (510) 768-3105

Fax #: (510) 451-6998

d. E-Mail Address:

barbara@cceb.org

e. Signature of Authorized Representative

Application for Federal
Education Assistance (ED 424)

U.S.

Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

**Applicant Information****1. Name and Address**Legal Name: Grant Joint Union High School DistrictAddress: 1333 Grand Avenue**Organizational Unit**City SacramentoState CACounty SacramentoZIP Code + 4 958382. Applicant's D-U-N-S Number 0 9 9 0 4 2 7 16. Novice Applicant Yes No3. Applicant's T-I-N 9 4 - 6 0 0 2 5 1 2 7. Is the applicant delinquent on any Federal debt? Yes X No
(If "Yes," attach an explanation.)4. Catalog of Federal Domestic Assistance #: 84 1 8 4 BTitle: Office of Safe and Drug Free- Schools8. Type of Applicant (Enter appropriate letter in the box.) FMentoring Programs

A - State F - Independent School District
B - Local G - Public College or University
C - Special District H - Private, Non-profit College or University
D - Indian Tribe I - Non-profit Organization
E - Individual J - Private, Profit-Making Organization

5. Project Director: Katie McCleary

K - Other (Specify):

Address: 1333 Grand Avenue Building DCity Sacramento State CA Zip code + 4 95838Tel. #: (916) 263-4905 Fax #: (916) 286-4919E-Mail Address: KatieMcCleary@grant.k12.ca.us**Application Information****9. Type of Submission:**

-PreApplication -Application
Construction Construction
Non-Construction X Non-Construction

10. Is application subject to review by Executive Order 12372 process?

X Yes (Date made available to the Executive Order 12372
process for review): 7 / 2 / 2004

No (If "No," check appropriate box below.)

Program is not covered by E.O. 12372.Program has not been selected by State for review.11. Proposed Project Dates: 10 / 1 / 2004 / /
Start Date: End Date:**Estimated Funding**14a. Federal \$ 210,300 .00b. Applicant \$ 0 .00c. State \$ 0 .00d. Local \$ 0 .00e. Other \$ 0 .00f. Program Income \$ 0 .00g. TOTAL \$ 210,300 .00**Authorized Representative Information**

15. To the best of my knowledge and belief, all data in this preapplication/application are true

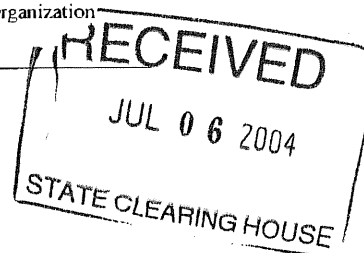
and correct. The document has been duly authorized by the governing body of the applicant

and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Dr. Larry Buchananb. Title: Superintendentc. Tel. #: (916) 286 - 4921 Fax #: (916) 263 - 6204d. E-Mail Address: larrybuchanan@grant.k12.ca.us

e. Signature of Authorized Representative

Date: 7 / 6 / 2004

Application for Federal Education Assistance (ED 424)

U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address

Legal Name: Southeast Asian Vision for Education

Address: 3429 San Bruno Court

Organizational Unit

SAVE Mentoring Project

Merced
City

CA
State

Merced
County

95348
ZIP Code + 4

2. Applicant's D-U-N-S Number 11499717913

3. Applicant's T-I-N 13010138999

4. Catalog of Federal Domestic Assistance #: 84.184b

Title: Mentoring Program, Office of Safe and Drug Free School

5. Project Director: Maq Lee

Address: 3429 San Bruno Court

Merced CA 95348
City State Zip code + 4
Tel. #: (209) 261 - 2620 Fax #: (209) 725 - 1837

E-Mail Address: pmoua2004@pacbell.net

Application Information

9. Type of Submission:

-Pre Application -Application
Construction Construction
Non-Construction X Non-Construction

10. Is application subject to review by Executive Order 12372 process?

X Yes (Date made available to the Executive Order 12372 process for review): July / 01 / 2004

No (If "No," check appropriate box below.)

Program is not covered by E.O. 12372.
Program has not been selected by State for review

11. Proposed Project Dates: 10 / 01 / 2004 09 / 30 / 2007

Start Date:

End Date:

Estimated Funding

Federal \$ 543,517.83
Applicant \$ 0.00
State \$ 0.00
Local \$ 0.00
Other \$ 0.00
Program Income \$ 0.00
Total \$ 543,517.83
(For 3 Years)

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true

and correct. The document has been duly authorized by the governing body of the applicant

and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Pos L. Moua

b. Title: President

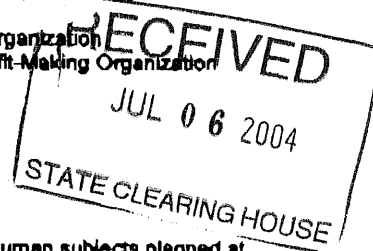
c. Tel. #: (209) 835 - 8282 Fax #: (209) 725 - 1837

d. E-Mail Address: pmoua8903@yahoo.com

e. Signature of Authorized Representative

[Signature]

Date: 07 / 01 / 2004



6. Novice Applicant X Yes No

7. Is the applicant delinquent on any Federal debt? Yes X No
(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.) II

A - State F - Independent School District
B - Local G - Public College or University
C - Special District H - Private, Non-profit College or University
D - Indian Tribe I - Non-profit Organization
E - Individual J - Private, Profit-Making Organization

K - Other (Specify):

12. Are any research activities involving human subjects planned at any time during the proposed project period?
Yes (Go to 12a.) X No (Go to Item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

Yes (Provide Exemption(s) #):

No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

SAVE Mentoring Program, office of safe and drug

free School

Application for Federal Education Assistance (ED 424)

Applicant Information



U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

1. Name and Address		Organizational Unit	
Legal Name: <u>Partners for Community Access, Inc.</u>			
Address: <u>644 E. Grand Avenue</u>			
<u>Escondido</u>	<u>CA</u>	<u>San Diego</u>	<u>92025 - 4403</u>
City	State	County	ZIP Code + 4
2. Applicant's D-U-N-S Number <u>0 3 6 6 9 7 4 4 9</u>		6. Novice Applicant <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3. Applicant's T-I-N <u>3 3 - 0 5 6 8 9 7 8</u>		7. Is the applicant delinquent on any Federal debt? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If "Yes," attach an explanation.)	
4. Catalog of Federal Domestic Assistance #: <u>8 4 1 8 4 B</u>		8. Type of Applicant (Enter appropriate letter in the box.) <u>I</u>	
Title: <u>Mentoring Programs</u>			
5. Project Director: <u>Kimberly Stead-Segoria</u>		A State	
Address: <u>644 E. Grand Avenue</u>		G Public College or University	
<u>Escondido</u>	<u>CA</u>	H Private, Non-Profit College or University	
City	State	I Non-Profit Organization	
	<u>92025 - 4403</u>	J Private, Profit-Making Organization	
	ZIP Code + 4	K Other (Specify):	
Tel. #: <u>(760) 739-2134</u>	Fax #: <u>(760) 739-2138</u>	F Independent School District	
E-Mail Address: <u>kim@partnersforcommunityaccess.org</u>			

Application Information

9. Type of Submission:		12. Are any research activities involving human subjects planned at any time during the proposed project period?	
<input type="checkbox"/> PreApplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<input type="checkbox"/> Yes (Go to 12a.) <input checked="" type="checkbox"/> No (Go to item 13.)	
<input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		12a. Are all the research activities proposed designated to be exempt from the regulations?	
10. Is application subject to review by Executive Order 12372 process?		<input type="checkbox"/> Yes (Provide Exemption(s) #): <input type="checkbox"/> No (Provide Assurance #):	
<input checked="" type="checkbox"/> Yes (Date made available to the Executive Order 12372 process for review): <u>7/6/2004</u>		13. Descriptive Title of Applicant's Project: <u>Partners for Community Access one-on-one Mentoring Program for youth in grades 4-8 in the greatest of need in Ramona and Julian, California.</u>	
<input type="checkbox"/> No (If "No," check appropriate box below.) <input type="checkbox"/> Program is not covered by E.O. 12372. <input type="checkbox"/> Program has not been selected by State for review.		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED JUL 06 2004 </div>	
11. Proposed Project Dates:			
Start Date:	End Date:		
<u>10/1/2004</u>	<u>10/1/2007</u>		

Estimated Funding

14a. Federal	\$	504,569.00
b. Applicant	\$	.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	37,697.00
f. Program Income	\$	.00
g. TOTAL	\$	542,266.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.	
a. Authorized Representative (Please type or print name clearly.) <u>Gloriaann Barron Garcia</u>	
b. Title: <u>Executive Director</u>	
c. Tel. #: <u>(760) 739-2136</u> Fax #: <u>(760) 739-2138</u>	
d. E-Mail Address: <u>gbg@partnersforcommunityaccess.org</u>	
e. Signature of Authorized Representative 	Date: <u>7/2/2004</u>

HOUSE

PlusONE Mentors, Inc. - STARS Partnership - 1

Application for Federal
Education Assistance (ED 424)

U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address

Legal Name: PlusONE Mentors, Inc.Address: 1700 Pine Street, Suite 250

Organizational Unit

Redding
CityCA
StateShasta County
County96001 - 1907
ZIP Code + 42. Applicant's D-U-N-S Number 1 3 8 7 3 8 4 6 83. Applicant's T-I-N 9 4 3 2 8 7 1 6 24. Catalog of Federal Domestic Assistance #: 84 1 8 4 8Title: OSDFS - Mentoring Grants5. Project Director: Staci BertagnaAddress: 1700 Pine St, Suite 250Redding CA 96001 - 1907
City State Zip code + 4
Tel. #: (530) 244 - 7114 Fax #: (530) 244 - 6224E-Mail Address: staci@plusonementors.org

Application Information

9. Type of Submission:

-PreApplication -Application
Construction Construction
Non-Construction X Non-Construction

10. Is application subject to review by Executive Order 12372 process?

X Yes (Date made available to the Executive Order 12372
process for review): 07/06/2004 No (If "No," check appropriate box below.) Program is not covered by E.O. 12372.
 Program has not been selected by State for review.11. Proposed Project Dates: 10/01/2004 09/30/2005
Start Date: End Date:

Estimated Funding

14a. Federal \$ 166,110.00
b. Applicant \$ 00.00
c. State \$ 00.00
d. Local \$ 00.00
e. Other \$ 00.00
f. Program Income \$ 00.00
g. TOTAL \$ 00.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true

and correct. The document has been duly authorized by the governing body of the applicant

and the applicant will comply with the attached assurances if the assistance is awarded.

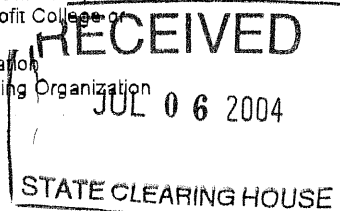
a. Authorized Representative (Please type or print name clearly.)

Staci Bertagnab. Title: Executive Directorc. Tel. #: (530) 244-7114 Fax #: (530) 244-6224d. E-Mail Address: staci@plusonementors.org

e. Signature of Authorized Representative

Staci BertagnaDate: 7/6/046. Novice Applicant Yes No7. Is the applicant delinquent on any Federal debt? Yes X No
(If "Yes," attach an explanation.)8. Type of Applicant (Enter appropriate letter in the box.) A - State F - Independent School District
B - Local G - Public College or University
C - Special District H - Private, Non-profit College or
University
D - Indian Tribe I - Non-profit Organization
E - Individual J - Private, Profit-Making Organization

K - Other (Specify):

12. Are any research activities involving human subjects planned at
any time during the proposed project period?
 Yes (Go to 12a.) X No (Go to Item 13.)12a. Are all the research activities proposed designated to be
exempt from the regulations? Yes (Provide Exemption(s) #): No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

Supporting The Academic Responsibility of Students(STARS) Partnership

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

 Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

Name and Address

Legal Name: Active Minds FoundationAddress: 19009 S. Laurel Pk. Rd.

Ste. 276

Rancho Dominguez

City

State

CA
County

Organizational Unit

At-Risk Youth

L.A.

90220-6090

ZIP Code + 4

2. Applicant's D-U-N-S Number 1 14 14 1 6 7 0 4 9 9

6. Novice Applicant Yes No

3. Applicant's T-I-N 13 10 10 2 1 0 0 5 27. Is the applicant delinquent on any Federal debt? Yes ☒ No ☒
(If "Yes," attach an explanation.)4. Catalog of Federal Domestic Assistance #, 84, 1 8 4 BTitle: Safe and Drug-Free Schools and Communities National Programs8. Type of Applicant (Enter appropriate letter in the box.) 15. Project Director, Kimberly Frederick
 A - State
B - Local
C - Special District
University
D - Indian Tribe
E - Individual
F - Independent School District
G - Public College or University
H - Private, Non-profit College or
Non-profit Organization
I - Private, Profit-Making Organization

K - Other (Specify):

Address: 19009 S. Laurel Pk. Rd., Ste 276

Compton

CA

90220-6090

City

State

Zip code + 4

Tel. #: (310) 701 - 4811

Fax #: (310) 609 - 1515

E-Mail Address: RaisedAtSU@aol.com
 RECEIVED
JUL 06 2004
STATE CLEARING HOUSE

Application Information

9. Type of Submission:

☒ Pre-Application
☐ Construction
☐ Non-Construction
☒ Application
☐ Construction
☒ Non-Construction

10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372 process for review): 07 / 06 / 2004
☐ No (If "No," check appropriate box below.)

☐ Program is not covered by E.O. 12372.

☐ Program has not been selected by State for review.
11. Proposed Project Dates: 08 / 01 / 2004 08 / 01 / 2005

Start Date:

End Date:

Estimated Funding

14a. Federal \$ 142,898.08b. Applicant \$ 0.00c. State \$ 0.00d. Local \$ 0.00e. Other \$ 0.00f. Program Income \$ 0.00g. TOTAL \$ 142,898.08

Authorized Representative Information

15. To the best of my knowledge and belief, all data in

and correct. The document has been duly authorized

and the applicant will comply with the attached assurances if the assistance is awarded.

Authorized Representative (Please type or print name clearly.)

Kimberly Frederickb. Title: President/Project Director

c. Tel. #: (310) 701 - 4811 Fax #: (310) 609 - 1515

d. E-Mail Address: RaisedAtSU@aol.com

e. Signature of Authorized Representative

Date: 7.6.04

Application for Federal Education Assistance (ED 424)


U.S. Department of Education

 Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

 1. Name and Address
Legal Name: Ion A. Pappas Directions Foundation
Address: 2626 W. 11th Street

Organizational Unit

Office of Safe and Drug-Free Schools
OMD-1865-0013
Inglewood
City

CA Los Angeles 90023
State County ZIP Code + 4

 2. Applicant's D-U-N-S Number 138738617

 6. Novice Applicant ☒ Yes ☐ No

 3. Applicant's T-I-N 414-11257840

 7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No
(If "Yes," attach an explanation.)

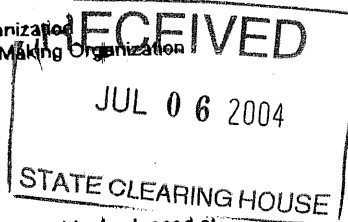
 4. Catalog of Federal Domestic Assistance #: 84.1184B

 8. Type of Applicant (Enter appropriate letter in the box.) U

 Title: Mentoring Programs

 A - State
B - Local
C - Special District
University
D - Indian Tribe
E - Individual
F - Independent School District
G - Public College or University
H - Private, Non-profit College or
University
I - Non-profit Organization
J - Private, Profit-Making Organization

K - Other (Specify):


 5. Project Director: Gloria Banford

 Address: P.O. Box 4902
Gardena CA 90249
City State Zip code + 4
Tel. #: (323) 757-6188 Fax #: (323) 757-6188

 E-Mail Address: Keta@Tuna.com
Application Information

9. Type of Submission:

☐ Pre-Application
☐ Construction
☐ Non-Construction
☒ Application
☐ Construction
☒ Non-Construction

 10. Is application subject to review by Executive Order 12372 process?
☒ Yes (Date made available to the Executive Order 12372 process for review): 7/6/2004
☐ No (If "No," check appropriate box below.)
☒ Program is not covered by E.O. 12372.
☐ Program has not been selected by State for review.

 11. Proposed Project Dates: 04/1/2004 04/1/2007
Start Date: End Date:

 12. Are any research activities involving human subjects planned at any time during the proposed project period?
☐ Yes (Go to 12a.) ☒ No (Go to Item 13.)

 12a. Are all the research activities proposed designated to be exempt from the regulations?
☐ Yes (Provide Exemption(s) #): None.
☐ No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

After School Violence prevention, Academic enhancement programs for Grades K-12, thru Culinary Arts.
Estimated Funding

 14a. Federal \$ 300,000.00
b. Applicant \$ 20,000.00
c. State \$ 0.00
d. Local \$ 0.00
e. Other \$ 0.00
f. Program Income \$ 60,000.00
g. TOTAL \$ 380,000.00
Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Gloria Banford

 b. Title: Director / Chair

 c. Tel. #: (310) 279-2190 Fax #: (323) 755-7811

 d. E-Mail Address: Keta@Tuna.com

e. Signature of Authorized Representative

Gloria Banford

 Date: 7/6/2004

Application for Federal Education Assistance (ED 424)

Applicant Information



U.S. Department of Education

Form Approved
OMB No. 1875-0108
Exp. 11/30/2004

1. Name and Address

Legal Name: Big Brothers Big Sisters of San Francisco & the PeninsulaAddress: 600 Townsend Street, Suite 120e

Organizational Unit

City San FranciscoState CACounty San FranciscoZIP Code + 4 94103 - 4955

2. Applicant's D-U-N-S Number

0 6 2 3 0 4 9 2 86. Novice Applicant ☐ Yes ☐ No

3. Applicant's T-I-N

9 4 - 2 8 9 7 6 8 3

4. Catalog of Federal Domestic Assistance #:

8 4 1 8 4 BTitle: KISmet: Kids in School Meeting their Match7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No
(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.)

I5. Project Director: Nancy TorreyAddress: 600 Townsend Street, Suite 120eCity San FranciscoState CAZIP Code + 4 94103 - 4955

Tel. #:

(415) 503-4058

Fax #:

(415) 503-4051E-Mail Address: ntorrey@sf-bbbs.org

A State

G Public College or University

B Local

H Private, Non-Profit College or University

C Special District

I Non-Profit Organization

D Indian Tribe

J Private, Profit-Making Organization

E Individual

K Other (Specify):

F Independent School

District

Application Information

9. Type of Submission:

—PreApplication

—Application

☐

Construction

☐

Construction

☐

Non-Construction

☒

Non-Construction

10. Is application subject to review by Executive Order 12372 process?

☒Yes (Date made available to the Executive Order 12372 process for review): 7/6/2004☐

No (If "No," check appropriate box below.)

☐

Program is not covered by E.O. 12372

☐

Program has not been selected by State for review.

12. Are any research activities involving human subjects planned at any time during the proposed project period?

☐

Yes (Go to 12a.)

☒

No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

☐

Yes (Provide Exemption(s) #):

☐

No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

KISmet: Kids in School Meeting their Match / Year-round one-to-one school-based mentoring

11. Proposed Project Dates:

Start Date:

10/1/2004

End Date:

9/30/2007

Estimated Funding

14a. Federal	\$	193,800.00
b. Applicant	\$	6,100.00
c. State	\$	0.00
d. Local	\$	0.00
e. Other	\$	23,500.00
f. Program Income	\$	0.00
g. TOTAL	\$	223,400.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Sherry Squire Mitchell

b. Title

Executive Director

c. Tel. #:

(415) 503-4055

Fax #:

(415) 503-4051

d. E-Mail Address:

ssmitchell@sf-bbbs.org

e. Signature of Authorized Representative

Date: 7/6/2004

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JUL 05 2004
STATE CLEARING HOUSE

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address

Legal Name: America On TrackAddress: 2030 East Fourth Street
Suite 248Santa Ana
CityCA
StateOrange
County92705 - 3920
ZIP Code + 4

Organizational Unit

Orange County On Track

2. Applicant's D-U-N-S Number

1 2 5 1 1 8 4 8 4

3. Applicant's T-I-N

3 3 - 0 7 2 4 0 4 4

4. Catalog of Federal Domestic Assistance #:

8 4 1 8 4 BTitle: Mentoring Programs5. Project Director: Terry ThompsonAddress: 2030 E. Fourth St., Suite 248Santa Ana

City

CA

State

92705 - 3920

ZIP Code + 4

Tel. #: (714) 531-7144Fax #: (714) 531-7773E-Mail Address: OCOnTrack@aol.com

6. Novice Applicant

☐ Yes ☒ No

7. Is the applicant delinquent on any Federal debt?

☐ Yes ☒ No

(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.)

I

A State

B Local

C Special District

D Indian Tribe

E Individual

F Independent School
District

G Public College or University

H Private, Non-Profit College or University

I Non-Profit Organization

J Private, Profit-Making Organization

K Other (Specify):

Application Information

9. Type of Submission:

—PreApplication

—Application

☐

Construction

☐

Construction

☐

Non-Construction

☒

Non-Construction

10. Is application subject to review by Executive Order 12372 process?

☒Yes (Date made available to the Executive Order 12372
process for review): 7/3/2004☐

No (If "No," check appropriate box below.)

☐

Program is not covered by E.O. 12372.

☐

Program has not been selected by State for review.

12. Are any research activities involving human subjects planned at any time during the proposed project period?

☐

Yes (Go to 12a.)

☒

No (Go to Item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

☐

Yes (Provide Exemption(s) #):

☐

No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

Kids On Track...Through Mentoring

11. Proposed Project Dates:

Start Date:

10/1/2004

End Date:

9/30/2007

Estimated Funding

14a. Federal	\$	194,156.00
b. Applicant	\$	13,641.00
c. State	\$	.00
d. Local	\$	36,823.00
e. Other	\$	13,000.00
f. Program Income	\$	.00
g. TOTAL	\$	257,620.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

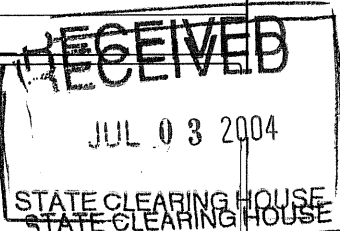
a. Authorized Representative (Please type or print name clearly.)

Claire Braeburn

b. Title

Executive Directorc. Tel. #: (714) 531-7144Fax #: (714) 531-7773d. E-Mail Address: OCOnTrack@aol.com

e. Signature of Authorized Representative

Date: 7/1/2004

PR 0184 B040023

Application for Federal Education Assistance

U.S. Department of Education
Form Approved
OMB No. 1875-0106
Exp.

Applicant Information

1. Name and Address

Legal Name: Poway Unified School District
Address: 13626 Twin Peaks Road

Organizational Unit

Student Support Services Department

Poway
City

CA
State

San Diego
County

92064 - 3098
ZIP Code + 4

2. Applicant's D-U-N-S Number

078727336

6. Novice Applicant ☐ No

3. Applicant's T-I-N

956002452

Title: Mentoring Programs

4. Catalog of Federal Domestic Assistance #:

84 184B

5. Project Director: Elaine M. Cofrancesco

Address: 13626 Twin Peaks Road

Poway
City

CA
State

92064 - 3098
ZIP Code + 4

Tel. #: (858) 668-4066

Fax #: (858) 679-8375

E-Mail Address: ecofrancesco@powayusd.com

7. Is the applicant delinquent on any Federal debt? ☐ No
(if "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.) ☐ F

- A State
B Local
C Special District
D Indian Tribe
E Individual
F Independent School District
G Public College or University
H Non-Profit College or University
I Non-Profit Organization
J Private, Profit-Making Organization
K Other (Specify):

Application Information

9. Type of Submission:

--PreApplication

Non-Construction

JUL 02 2004

STATE CLEARING HOUSE

12. Are any research activities involving human subjects planned at any time during the proposed project period? ☐ No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations? ☐ No

Yes (Provide Exemption(s)#):

10. Is application subject to review by Executive Order 12372 process?

Yes (Date made available to the Executive Order 12372 process for review): 07/02/2004

No (Provide Assurance #, if available):

11. Proposed Project Dates:

Start Date: 10/01/2004 End Date: 09/30/2007

13. Descriptive Title of Applicant's Project:

The MESA Program (Mentors Empowering Students To Achieve)

Estimated Funding

14a. Federal	\$	200,000	.00
b. Applicant	\$	50,000	.00
c. State	\$	0	.00
d. Local	\$	0	.00
e. Other	\$	0	.00
f. Program Income	\$	0	.00
g. TOTAL	\$	250,000	.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Typed Name of Authorized Representative

Donald A. Phillips Ed.D.

b. Title

Superintendent

c. Tel. #: (858) 748-0010 Fax #: (858) 679-2642

d. E-Mail Address: dphillips@powayusd.com

e. Signature of Authorized Representative

Don Phillips

Application for Federal
Education Assistance (ED 424)



U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address
Legal Name: Grant Joint Union High School District

Organizational Unit

Grant Community Outreach
Academy &
Futures High School

Address: 1333 Grand Avenue
Building A

Sacramento CA
City State

Sacramento 95838
State County ZIP Code + 4

2. Applicant's D-U-N-S Number 039904271

6. Novice Applicant Yes ☒ No

3. Applicant's T-I-N 946002512

7. Is the applicant delinquent on any Federal debt? Yes ☒ No
(If "Yes," attach an explanation.)

4. Catalog of Federal Domestic Assistance #: 84.184B

Title: Office of Safe and Drug-free
Schools Mentoring Program

8. Type of Applicant (Enter appropriate letter in the box.) F

5. Project Director: Randy Orzalli

A - State F - Independent School District
B - Local G - Public College or University
C - Special District H - Private, Non-profit College or University
D - Indian Tribe I - Non-profit Organization
E - Individual J - Private, Profit-making Organization

Address: GJUHSD 5201 Arnold Avenue

McClellan CA 95652
City State Zip code + 4
Tel. #: (916) 643-9891 Fax #: (916) 643-9893

E-Mail Address: randyorzalli@grant.k12.ca.us

Application Information

9. Type of Submission:

☒ Pre-Application ☐ Application
☐ Construction ☒ Non-Construction
☐ Non-Construction ☒ Non-Construction

10. Is application subject to review by Executive Order 12372 process?
☒ Yes (Date made available to the Executive Order 12372
process for review): 7/2/04

☐ No (If "No," check appropriate box below.)
☐ Program is not covered by E.O. 12372.
☐ Program has not been selected by State for review.

11. Proposed Project Dates: 8/25/2004 8/25/2007
Start Date: End Date:

Estimated Funding (Year One)

14a. Federal \$ 114,875 .00
b. Applicant \$ 9,715 .00
c. State \$ 0 .00
d. Local \$ 0 .00
e. Other \$ 7,850 .00
f. Program Income \$ 0 .00
g. TOTAL \$ 132,440 .00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true
and correct. The document has been duly authorized by the governing body of the applicant
and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Dr. Larry Buchanan

b. Title: GJUHSD Superintendent

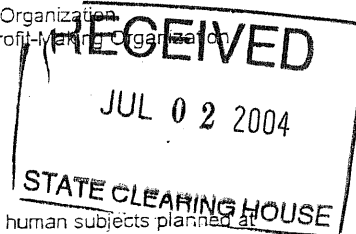
c. Tel. #: (916) 286-4921 Fax #: (916) 263-6205

d. E-Mail Address: larrybuchanan@grant.k12.ca.us

e. Signature of Authorized Representative

Larry M Buchanan

Date: 7/2/2004



12. Are any research activities involving human subjects planned at
any time during the proposed project period?
Yes (Go to 12a.) ☒ No (Go to item 13.)

12a. Are all the research activities proposed designated to be
exempt from the regulations?

Yes (Provide Exemption(s) #):

No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

Grant Community Charters

Mentoring Program

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction <input type="checkbox"/>		2. DATE SUBMITTED June 25, 2004	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION

Legal Name: West Side Park Mutual Water Co., Inc.	Organizational Unit: Department:
Organizational DUNS: 155755556	Division:
Address: Street: 40317 11th Street West	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Philip
City: Palmdale	Middle Name: Arthur
County: Los Angeles	Last Name: Wood
State: California Zip Code: 93551-3024	Suffix:
Country: United States of America	Email: granpaw@rglobal.net

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 13-0486908	Phone Number (give area code): (661) 273-2997	Fax Number (give area code): (661) 266-7938
--	---	---

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify):	7. TYPE OF APPLICANT: (See back of form for Application Types) O. Not for Profit Other (specify):
---	---

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-7190	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Construction of well, storage tank, Emergency generator, electrical, Pumps, to provide second water source & emergency backup.
---	---

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Unincorporated West Side Park - L. A. County	9. NAME OF FEDERAL AGENCY: USDA Rural Development
---	--

13. PROPOSED PROJECT Start Date: ASAP Ending Date: ASAP	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 25th b. Project 25th
--	--

15. ESTIMATED FUNDING: a. Federal \$700,000 b. Applicant \$ c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$700,000	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
--	--

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
---	--

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative Prefix: First Name: Philip Middle Name: Arthur Last Name: Wood	b. Title: Vice-President Board of Directors c. Telephone Number (give area code): (661) 273-2997 d. Signature of Authorized Representative: Philip A. Wood e. Date Signed: June 23, 2004
---	---

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 05/17/2004	Applicant Identifier <div style="border: 1px solid black; height: 15px; width: 100%;"></div>
		3. DATE RECEIVED BY STATE <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	State Application Identifier <div style="border: 1px solid black; height: 15px; width: 100%;"></div>
		4. DATE RECEIVED BY FEDERAL AGENCY <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	Federal Identifier <div style="border: 1px solid black; height: 15px; width: 100%;"></div>

5. APPLICANT INFORMATION		Organizational Unit:	
* Legal Name: City of San Buenaventura		Department: Police	
* Organizational DUNS: 039974761		Division:	
Address: * Street1: 1425 Dowell Drive Street2: * City: Ventura County Ventura * State: CA * Zip Code: 93003 * Country: USA		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. * First Name: Bryan Middle Name: * Last Name: Roberts Suffix: Email: broberts@ci.ventura.ca.us * Phone Number (give area code) 905-339-4489 Fax Number (give area code) 805-339-4487	
6. * EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000807		7. * TYPE OF APPLICANT: Local Government Other (specify):	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):		9. * NAME OF FEDERAL AGENCY: Community Oriented Policing Services	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE 16.710 TITLE: Public Safety Partnership and Community Policing Grants		11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Ventura Safe Schools Initiative	
12. * AREAS AFFECTED BY PROJECT (Cities, Counties, States. City of San Buenaventura (Ventura)			
13. * PROPOSED PROJECT: * Start Date 10/01/2004 * Ending Date 09/30/2007		14. * CONGRESSIONAL DISTRICTS * a. Applicant 24 * b. Project 24	
15. * ESTIMATED FUNDING: * a. Federal \$ 125,000.00 * b. Applicant \$ 239,577.00 * c. State \$ * d. Local \$ * e. Other \$ * f. Program Income \$ g. TOTAL \$		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: <input checked="" type="checkbox"/> YES DATE 05/17/2004 b. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
18. * TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES.			
a. Authorized Representative Prefix: Mr. * First Name: Revis Middle Name * Last Name: Robinson Suffix: * b. Title: Management Analyst II * c. Telephone Number (give area code): 805-339-4437 * Email: rrobinson@ci.ventura.ca.us Fax Number (give area code): 805-658-9335			
d. Signature of Authorized Completed on submission to Grants.gov		e. Date Signed: Completed on submission to Grants.gov	

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

2. DATE SUBMITTED	06/29/2004	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier

1. TYPE OF SUBMISSION: <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction
---	---

5. APPLICANT INFORMATION

Legal Name: SAN DIEGO, CITY OF	Organizational Unit SAN DIEGO POLICE DEPARTMENT
Address (give city, county, state, and zip code): 1401 Broadway San Diego (County Of San Diego) California 92101	Name and telephone number of the person to be contacted on matters involving this application (give area code) Donna J. Warlick (619) 531-2221 San Diego Police Department, Ms 704a 1401 Broadway, San Diego, Ca 92101

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
9 5 — 6 0 0 0 7 7 6

8. TYPE OF APPLICATION:
<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision
If Revision, enter appropriate letter(s) in box(es):
A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
1 6 . 7 1 0

TITLE:

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):
City Of San Diego, County Of San Diego, State Of California

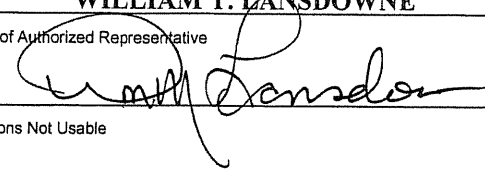
13. PROPOSED PROJECT:	14. CONGRESSIONAL DISTRICTS OF:
Start Date 01/23/2004	a. Applicant 49, 50, 51, 52
Ending Date 01/22/2005	b. Project 49, 50, 51, 52

15. ESTIMATED FUNDING:	
a. Federal	\$ 98,948. .00
b. Applicant	\$.00
c. State	.00
d. Local	\$ JUL 01 2004 .00
e. Other	\$.00
f. Program Income	\$.00
g. TOTAL	\$ 98,948. .00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 06/29/2004
b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
<input type="checkbox"/> Yes If "YES" attach an explanation. <input checked="" type="checkbox"/> No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED

a. Typed Name of Authorized Representative WILLIAM T. LANSLOWNE	b. Title CHIEF OF POLICE	c. Telephone number (619) 531-2777
d. Signature of Authorized Representative 		e. Date Signed 06/27/2004

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 6/28/2004	Applicant Identifier
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Menorah Housing Foundation		Organizational Unit: Department: Menorah Housing Foundation	
Organizational DUNS: 94-690-5304		Division: N/A	
Address: Street: 1618 Cotner Avenue		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Anne	
City: Los Angeles		Middle Name	
County: Los Angeles		Last Name Friedrich	
State: California	Zip Code 90025	Suffix:	
Country: United States		Email: afriedrich@menorahhousing.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px;">23-7103775</div>		Phone Number (give area code) (310) 477-4942 x. 26	Fax Number (give area code) (310) 477-5307
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) <div style="display: flex; justify-content: space-around; margin-top: 10px;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) O - Not for Profit Organization Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;">14-157</div> TITLE (Name of Program): Section 202 Supportive Housing for the Elderly		9. NAME OF FEDERAL AGENCY: U.S. Department of Housing and Urban Development	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Los Angeles		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Parthenia Street Senior Housing 75 Units of Section 202 Subsidized Housing for Very Low Income Elderly	
13. PROPOSED PROJECT Start Date: 1/1/05 Ending Date: 6/30/06		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 30th b. Project 27th	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal 202 Capital Advance	\$ 9,359,730.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: June 28, 2004 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ 10,000.00		
c. State	\$.00		
d. Local	\$ 1,281,627.00		
e. Other	\$.00		
f. Program Income 202 PRAC	\$ 1,385,280.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 12,036,637.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Ms. First Name Anne		Middle Name	
Last Name Friedrich		Suffix	
b. Title President		c. Telephone Number (give area code) (310) 477-4942 x. 26	
d. Signature of Authorized Representative <i>Anne Friedrich</i>		e. Date Signed 6/28/04	

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address

Legal Name: Lake Avenue Community Foundation

Address: 712 E. Villa Street

Organizational Unit

Pasadena
City

CA
State

Los Angeles
County

91101 - 1244
ZIP Code + 4

2. Applicant's D-U-N-S Number 1 3 4 3 4 0 8 2 2

3. Applicant's T-I-N 9 5 - 4 8 4 7 9 5 0

4. Catalog of Federal Domestic Assistance #: **84.** 1 8 4 B

Title: Mentoring Programs

5. Project Director: Andy Bales

Address: 712 E. Villa Street

Pasadena CA 91101 1244
City State Zip code + 4

Tel. #: (626) 449 - 4960 Fax #: (626) 449 - 5030

E-Mail Address: andyb@lakeave.org

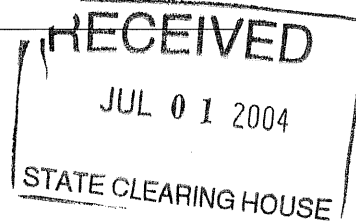
6. Novice Applicant ☒ Yes ☐ No

7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No
(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.) I

A - State F - Independent School District
B - Local G - Public College or University
C - Special District H - Private, Non-profit College or University
D - Indian Tribe I - Non-profit Organization
E - Individual J - Private, Profit-Making Organization

K - Other (Specify):



Application Information

9. Type of Submission:

-PreApplication -Application
Construction Construction
Non-Construction ☒ Non-Construction

10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372 process for review): 6 / 28 / 2004

☐ No (If "No," check appropriate box below.)

☐ Program is not covered by E.O. 12372.
☐ Program has not been selected by State for review.

11. Proposed Project Dates: 1 / 1 / 2005 12 / 31 / 2007
Start Date: End Date:

12. Are any research activities involving human subjects planned at any time during the proposed project period?
☒ Yes (Go to 12a.) ☐ No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

☒ Yes (Provide Exemption(s) #):

☐ No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

Neighborhood Student Mentoring (NSM)

Estimated Funding

14a. Federal \$ 520,000 .00
b. Applicant \$ 115,000 .00
c. State \$.00
d. Local \$ 140,000 .00
e. Other \$ 160,250 .00
f. Program Income \$ 1,900 .00
g. TOTAL \$ 937,150 .00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Andy Bales

b. Title: Executive Director

c. Tel. #: (626) 449 - 4960 Fax #: (626) 449 - 5030

d. E-Mail Address: andyb@lakeave.org

e. Signature of Authorized Representative

Andy Bales

Date: 6/28/04

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address

Legal Name: Shasta County Chemical People, Inc.

Address: P. O. Box 493777

Organizational Unit

Redding
City

CA
State

Shasta
County

96049 - 3777
ZIP Code + 4

2. Applicant's D-U-N-S Number 5 5 5 5 6 6 3 6 3

3. Applicant's T-I-N 6 8 - 0 0 2 7 8 8 8

4. Catalog of Federal Domestic Assistance #: 84. 1 8 4 B

Title: Mentoring Programs

5. Project Director: Betty Cunningham

Address: P. O. Box 493777

Redding CA 96049 3777
City State Zip code + 4
Tel. #: (530) 241-5958 Fax #: (530) 247-0915

E-Mail Address: drugfree1@cs.com

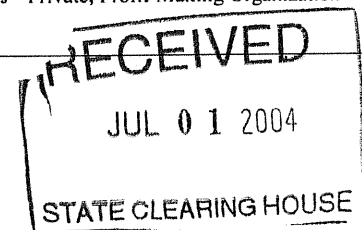
6. Novice Applicant ☒ Yes ☐ No

7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No
(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.) I

A - State
B - Local
C - Special District
D - Indian Tribe
E - Individual
F - Independent School District
G - Public College or University
H - Private, Non-profit College or University
I - Non-profit Organization
J - Private, Profit-Making Organization

K - Other (Specify):



Application Information

9. Type of Submission:

-PreApplication -Application
☐ Construction ☐ Construction
☐ Non-Construction ☒ Non-Construction

10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372
process for review): 07 / 02 / 2004

☐ No (If "No," check appropriate box below.)
☐ Program is not covered by E.O. 12372.
☐ Program has not been selected by State for review.

11. Proposed Project Dates: 10/ 01/ 2004 09/ 30/ 2005
Start Date: End Date:

12. Are any research activities involving human subjects planned at
any time during the proposed project period?
☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

12a. Are all the research activities proposed designated to be
exempt from the regulations?

☐ Yes (Provide Exemption(s) #):

☐ No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

Shasta Peer Mentoring Project

Estimated Funding

14a. Federal \$ 200,000. 00
b. Applicant \$ 30,000. 00
c. State \$. 00
d. Local \$. 00
e. Other \$. 00
f. Program Income \$. 00
g. TOTAL \$ 230,000. 00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true
and correct. The document has been duly authorized by the governing body of the applicant
and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Betty Cunningham

b. Title: Executive Director

c. Tel. #: (530) 241- 5958 Fax #: (530) 247- 0915

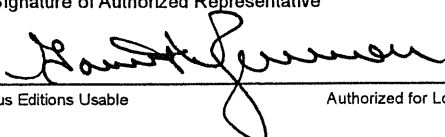
d. E-Mail Address: drugfree1@cs.com

e. Signature of Authorized Representative

Betty Cunningham

Date: 07/ 02/ 2004

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<i>Preapplication</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. SUBMITTED 6/15/04		Applicant Identifier N/A	
				3. DATE RECEIVED BY STATE		State Applicant Identifier N/A	
				4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier N/A	
5. APPLICANT INFORMATION							
Legal Name: San Bernardino Police Department				Organizational Unit: Police Department			
Organizational DUNS: 063829779				Division: Patrol			
Address (give city, county, state, and zip code): 710 North D Street P.O. Box 1559 San Bernardino, CA 92401				Name and telephone number of person to be contacted on matters involving this application (give area code) Name: Robert Curtis, Captain Phone: 909-384-5606 Fax: 909-388-4950			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 956000772				7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> C			
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____				A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District			
				H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____			
				9. NAME OF FEDERAL AGENCY: Department of Justice Office of Community Oriented Policing Services			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 6 . 7 1 0</div> TITLE: 2004 Technology Initiative				11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Mobile Data Computer (MDC) Replacement Project			
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): City and County of San Bernardino, State of California							
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:					
Start Date 1/23/2004	Ending Date 1/22/2005	a. Applicant 43		b. Project 41/43			
15. ESTIMATED FUNDING:				16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>6/15/04</u> via mail to Calif O.E.S.) b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
a. Federal	\$	247369.00					
b. Applicant	\$	.00					
c. State	\$	.00					
d. Local	\$	.00					
e. Other	\$	.00					
f. Program Income	\$	.00					
g. TOTAL	\$	.00		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.							
a. Typed Name of Authorized Representative Garrett W. Zimmon				b. Title Chief of Police		c. Telephone number 909-384-5607	
d. Signature of Authorized Representative 						e. Date Signed 6-24-04	

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address

Legal Name: Yolo County Office of EducationAddress: 1240 Harter Avenue

Organizational Unit

Curriculum and InstructionCity WoodlandCa
StateYolo
County95776 - 6106
ZIP Code + 4

2. Applicant's D-U-N-S Number

1 9 3 2 1 3 1 8 8

3. Applicant's T-I-N

9 5 - 2 7 4 6 7 2 5

4. Catalog of Federal Domestic Assistance #:

8 4 1 8 4 BTitle: Mentoring Programs5. Project Director: Ronda AdamsAddress: 1240 Harter AvenueCity Woodland

Ca

95776 - 6106

City

State

ZIP Code + 4

Tel. #: (530) 668-3770Fax #: (530) 668-3850E-Mail Address: adams@ycoc.org6. Novice Applicant ☒ Yes ☐ No7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No
(If "Yes," attach an explanation.)8. Type of Applicant (Enter appropriate letter in the box.) K

A State

G Public College or University

B Local

H Private, Non-Profit College or University

C Special District

I Non-Profit Organization

D Indian Tribe

J Private, Profit-Making Organization

E Individual

K Other (Specify):

F Independent School
DistrictCounty Office of Education

Application Information

9. Type of Submission:

—PreApplication

—Application

☐ Construction☐ Construction☐ Non-Construction☒ Non-Construction

10. Is application subject to review by Executive Order 12372 process?

☐ Yes (Date made available to the Executive Order 12372
process for review): _____☒ No (If "No," check appropriate box below.)☒ Program is not covered by E.O. 12372.☐ Program has not been selected by State for review.

12. Are any research activities involving human subjects planned at any time during the proposed project period?

☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

☐ Yes (Provide Exemption(s) #): _____☐ No (Provide Assurance #): _____

13. Descriptive Title of Applicant's Project:

You Make a Difference Project

11. Proposed Project Dates:

Start Date:
10/1/2004End Date:
9/30/2007

Estimated Funding

14a. Federal	\$	600,000.00
b. Applicant	\$	.00
c. State	\$	182,169.00
d. Local	\$	165,000.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	947,169.00

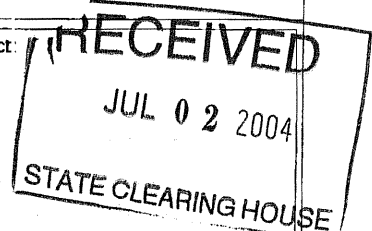
Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Dr. Jorge O. Ayalab. Title Superintendent of Schoolsc. Tel. #: (530) 668-3703Fax #: (530) 668-3850d. E-Mail Address: ayala@ycoc.org

e. Signature of Authorized Representative

Date: 6/29/2004

Application for Federal
Education Assistance (ED 424)



U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address
Legal Name: Butte County Department of Behavioral Health
Address: 109 Parmac #2A

Organizational Unit

Prevention Unit

Chico CA Butte 95926 - 2218
City State County ZIP Code + 4

2. Applicant's D-U-N-S Number 8 5 8 9 1 7 0 2 4

3. Applicant's T-I-N 914 - 160101051016

4. Catalog of Federal Domestic Assistance #: 84 1 8 4 B

Title: Mentoring Programs

6. Novice Applicant ☒ Yes ☐ No

7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No
(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.) B

A - State F - Independent School District
B - Local G - Public College or University
C - Special District H - Private, Non-profit College or University
D - Indian Tribe I - Non-profit Organization
E - Individual J - Private, Profit-Making Organization

K - Other (Specify):

5. Project Director: Amanda Montgomery

Address: 109 Parmac #2A

Chico CA 95926
City State Zip code + 4
Tel. #: (530) 891 - 2891 Fax #: (530) 891 - 2983

E-Mail Address: amontgomery@buttecounty.net

Application Information

9. Type of Submission:
-PreApplication -Application
☐ Construction ☐ Construction
☐ Non-Construction ☒ Non-Construction

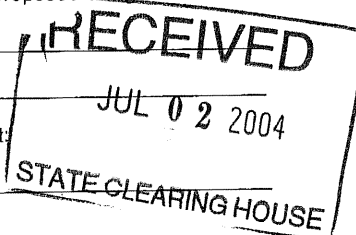
10. Is application subject to review by Executive Order 12372 process?
☒ Yes (Date made available to the Executive Order 12372 process for review): 07 / 02 / 2004
☐ No (If "No," check appropriate box below.)
☐ Program is not covered by E.O. 12372.
☐ Program has not been selected by State for review.

11. Proposed Project Dates: 07 / 01 / 2004 06 / 30 / 2007
Start Date: End Date:

12. Are any research activities involving human subjects planned at any time during the proposed project period?
☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?
☐ Yes (Provide Exemption(s) #):
☐ No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:



Estimated Funding

14a. Federal \$ \$200,000 .00
b. Applicant \$.00
c. State \$.00
d. Local \$.00
e. Other \$.00
f. Program Income \$.00
g. TOTAL \$.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Dr. Bradford R. Luz

b. Title: Director, Butte County Department of Behavioral Health

c. Tel. #: (530) 891 - 2850 Fax #: (530) 895 - 6549

d. E-Mail Address: bluz@buttecounty.net

e. Signature of Authorized Representative

Dr. Bradford R. Luz

Date: 7/2/04

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address

Legal Name: ARC AssociatesAddress: 1212 Broadway, suite 400

Organizational Unit

City OaklandCA
StateAlameda
County94612 - 1809
ZIP Code + 4

2. Applicant's D-U-N-S Number

0 3 7 6 4 9 0 3 5

3. Applicant's T-I-N

9 4 - 2 4 6 6 5 4 2

4. Catalog of Federal Domestic Assistance #:

8 4 1 8 4 B

Title: Mentoring Programs5. Project Director: Nancy GrantAddress: 1212 Broadway, Suite 400City OaklandCA
State94612 - 2809
ZIP Code + 4Tel. #: (510) 834-9455Fax #: (510) 753-1490E-Mail Address: ngrant@arcassociates.org6. Novice Applicant ☐ Yes ☒ No7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No
(If "Yes," attach an explanation.)8. Type of Applicant (Enter appropriate letter in the box.) I

A State

G Public College or University

B Local

H Private, Non-Profit College or University

C Special District

I Non-Profit Organization

D Indian Tribe

J Private, Profit-Making Organization

E Individual

K Other (Specify):

F Independent School
District

Application Information

9. Type of Submission:

—PreApplication

—Application

☐

Construction

☐

Construction

☐

Non-Construction

☒

Non-Construction

10. Is application subject to review by Executive Order 12372 process?

☒Yes (Date made available to the Executive Order 12372
process for review): 7/6/2004☐

No (If "No," check appropriate box below.)

☐

Program is not covered by E.O. 12372.

☐

Program has not been selected by State for review.

11. Proposed Project Dates:

Start Date:
9/1/2004End Date:
8/31/2007

12. Are any research activities involving human subjects planned at any time during the proposed project period?

☐

Yes (Go to 12a.)

☒

No (Go to Item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

☐

Yes (Provide Exemption(s) #):

☐

No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

Charter Academic Mentoring Program (CAMP)

Estimated Funding

14a. Federal	\$	199,490.00
b. Applicant	\$	.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	199,490.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Sau-Lim Tsang

b. Title

Executive Director

c. Tel. #:

(510) 834-9455

Fax #:

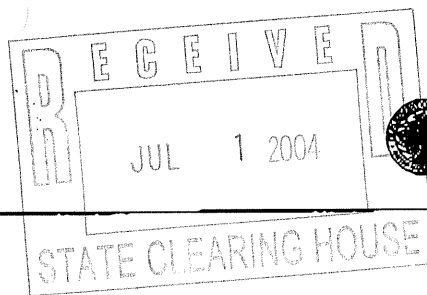
(510) 763-1490

d. E-Mail Address:

stsang@arcassociates.org

e. Signature of Authorized Representative

Date: 7/6/2004

Application for Federal
Education Assistance (ED 424)

U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address

Legal Name: UNCOMMON GOOD
Address: 435 BERKELEY AVE.

Organizational Unit

CLINIC TO COLLEGE

City

CLAREMONTCA

State

County

ZIP Code + 4

LOS ANGELES 91711-45082. Applicant's D-U-N-S Number 1126511082103. Applicant's TIN 951-47927924. Catalog of Federal Domestic Assistance #: 84-118141BTitle: SAFE AND DRUG-FREE
SCHOOLS MENTORING GRANT5. Project Director: NANCY MINTIEAddress: 435 BERKELEY AVE.CLAREMONT CA 91711 4508City State Zip code + 4
Tel. #. (909) 625-2248 Fax #. (909) 625-0342E-Mail Address: uncommongood@uncommongood.org

Application Information

9. Type of Submission:

<input type="checkbox"/> Pre-Application	<input type="checkbox"/> Application
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction
<input type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Non-Construction

10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372 process for review): 1-10-04☐ No (If "No," check appropriate box below.)☐ Program is not covered by E.O. 12372.☐ Program has not been selected by State for review.11. Proposed Project Dates: 10/1/04 9/30/07
Start Date: End Date:

Estimated Funding for 3 year period

14a. Federal	\$ <u>600,000</u> .00
b. Applicant	\$ <u>0</u> .00
c. State	\$ <u>0</u> .00
d. Local	\$ <u>0</u> .00
e. Other	\$ <u>65,374</u> .00
f. Program Income	\$ <u>0</u> .00
g. TOTAL	\$ <u>665,374</u> .00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true

and correct. The document has been duly authorized by the governing body of the applicant

and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

NANCY MINTIEb. Title: EXECUTIVE DIRECTOR, UNCOMMON GOOD

c. Tel. #. (909) 625-2248 Fax #. (909) 625-0342

d. E-Mail Address: uncommongood@uncommongood.org

e. Signature of Authorized Representative

Nancy MintieDate: 7.1.046. Novice Applicant ☐ Yes ☐ No7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No
(If "Yes," attach an explanation.)8. Type of Applicant (Enter appropriate letter in the box.) I

A - State	F - Independent School District
B - Local	G - Public College or University
C - Special District	H - Private, Non-profit College or University
D - Indian Tribe	I - Non-profit Organization
E - Individual	J - Private, Profit-Making Organization

K - Other (Specify):

12. Are any research activities involving human subjects planned at any time during the proposed project period?

☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

☐ Yes (Provide Exemption(s) #):☐ No (Provide Assurance #):

13. Descriptive Title of Applicant's Project

CLINIC TO COLLEGE CONSORTIUM

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

Name and Address

Legal Name: The University Corporation, California State University, Northridge

Organizational Unit

Educational Opportunity Program

Address: 18111 Nordhoff Street

Northridge
City

CA
State

Los Angeles
County

91330 - 8232
ZIP Code + 4

Applicant's D-U-N-S Number 0 5 5 7 5 2 3 3 1

Applicant's T-I-N 9 5 - 1 9 9 2 7 3 2

Catalog of Federal Domestic Assistance #: 84. 1 8 4 B

Title: Mentor Programs

Project Director: Jose Luis Vargas

Address: 18111 Nordhoff Street

Northridge CA 91330 - 8266
City State Zip code + 4

Tel. #: (818) 677 - 4151 Fax #: (818) 677 - 4153

E-Mail Address: jose.luis.vargas@csun.edu

Application Information

Type of Submission:

-PreApplication

-Application

☐ Construction

☐ Construction

☐ Non-Construction

☒ Non-Construction

Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372 process for review): 07/01/2004

☐ No (If "No," check appropriate box below.)

☐ Program is not covered by E.O. 12372.

☐ Program has not been selected by State for review.

Proposed Project Dates: 10/01/2004

Start Date:

09/30/2007

End Date:

Estimated Funding

a. Federal \$600,000.00
Applicant \$530,815.00
State \$.00
Local \$.00
Other \$.00
Program Income \$.00

TOTAL \$1,130,815.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Scott Pérez

b. Title: Director of Research

c. Tel. #: (818) 677 - 2901 Fax #: (818) 677 - 4691

d. E-Mail Address: scott.perez@csun.edu

e. Signature of Authorized Representative

6. Novice Applicant ☒ Yes ☐ No

7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No
(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.) G

A - State

B - Local

C - Special District

D - Indian Tribe

E - Individual

F - Independent School District

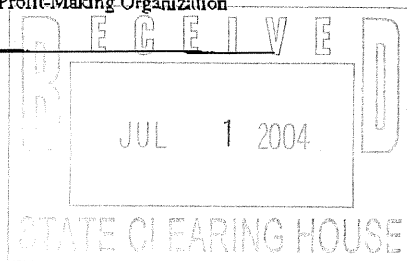
G - Public College or University

H - Private, Non-profit College or University

I - Non-profit Organization

J - Private, Profit-Making Organization

K - Other (Specify):



12. Are any research activities involving human subjects planned at any time during the proposed project period?
☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

☐ Yes (Provide Exemption(s) #):

☐ No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

EOP/ILDE Community Mentor Program

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address

Legal Name: Friends for Youth, Inc.

Address: 1741 Broadway, First Floor

Redwood City
City

California
State

San Mateo County
County

94063-2403
ZIP Code + 4

Organizational Unit

2. Applicant's D-U-N-S Number 1194502985

6. Novice Applicant ☐ Yes ☒ No

3. Applicant's T-I-N 94-2961034

7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No
(If "Yes," attach an explanation.)

4. Catalog of Federal Domestic Assistance #: 84.184B

Title: Mentoring Programs

8. Type of Applicant (Enter appropriate letter in the box.) I

Office of Safe and Drug-Free Schools

5. Project Director: Becky Cooper

Address: 1741 Broadway, First Floor

Redwood City California 94063-2403
City State Zip code + 4

Tel. #: (650) 368-4465 Fax #: (650) 368-4467

E-Mail Address: becky@friendsforyouth.org

- A - State
B - Local
C - Special District/University
D - Indian Tribe
E - Individual
F - Independent School District
G - Public College or University
H - Private, Non-profit College
I - Non-profit Organization
J - Private, Profit-Making Organization
K - Other (Specify):

Application Information

9. Type of Submission:

-PreApplication

-Application

☐ Construction

☐ Construction

☐ Non-Construction

☒ Non-Construction

10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372 process for review): 07/01/2004

☐ No (If "No," check appropriate box below.)

☐ Program is not covered by E.O. 12372.

☐ Program has not been selected by State for review.

11. Proposed Project Dates: 10/01/2004 09/30/2005
Start Date: End Date:

Estimated Funding

14a. Federal \$ 200,000.00
b. Applicant \$ 0.00
c. State \$ 0.00
d. Local \$ 0.00
e. Other \$ 0.00
f. Program Income \$ 0.00
g. TOTAL \$ 200,000.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this pre-application/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Becky Cooper

b. Title: Executive Director

c. Tel. #: (650) 368-4465

Fax #: (650) 368-4467

d. E-Mail Address: becky@friendsforyouth.org

e. Signature of Authorized Representative

Becky Cooper

Page 1

12. Are any research activities involving human subjects planned at any time during the proposed project period?

☐ Yes (Go to 12a.) ☒ No (Go to Item 13.)

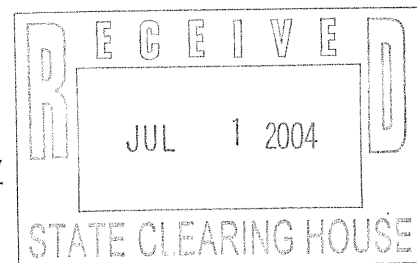
12a. Are all the research activities proposed designated to be exempt from the regulations?

☐ Yes (Provide Exemption(s) #):

☐ No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

Mentoring Services

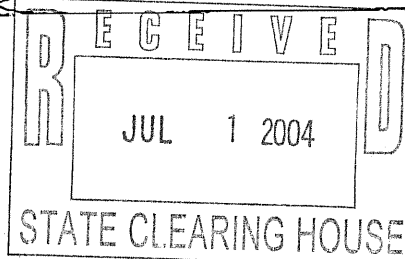


Date: 07/01/2004

Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED <u>7/7/04</u>		Applicant Identifier	
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: <u>Marin County Bicycle Coalition</u>			Organizational Unit:		
Organizational DUNS: <u>101605843</u>			Department:		
Address: Street: <u>733 Center Blvd.</u>			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: <u>Fairfax</u>			Prefix: First Name: <u>Deb</u>		
County: <u>Marin</u>			Middle Name		
State: <u>CA</u> Zip Code: <u>94930</u>			Last Name: <u>Hubsmith</u>		
Country: <u>USA</u>			Suffix:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <u>08-0777377</u>			Email: <u>deb@marinbike.org</u>		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)			7. TYPE OF APPLICANT: (See back of form for Application Types)		
Other (specify)			Other (specify) <u>0</u>		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <u>20-000</u>			9. NAME OF FEDERAL AGENCY: <u>NHTSA</u>		
TITLE (Name of Program): <u>NHTSA Cooperative Agreement</u>			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <u>Share the Road Public Education Campaign</u>		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.) <u>Marin County</u>			14. CONGRESSIONAL DISTRICTS OF:		
13. PROPOSED PROJECT Start Date: <u>9/15/04</u> Ending Date: <u>9/15/06</u>			a. Applicant <u>6</u> b. Project <u>6</u>		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <u>yes</u>		
a. Federal \$ <u>50,000</u>			a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant \$			DATE: <u>7/1/04</u>		
c. State \$			b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local \$			<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other \$ <u>6,500</u>			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income \$			<input type="checkbox"/> Yes (If "Yes" attach an explanation.) <input checked="" type="checkbox"/> No		
g. TOTAL \$ <u>56,500</u>					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix		First Name: <u>Deb</u>		Middle Name	
Last Name: <u>Hubsmith</u>				Suffix	
b. Title: <u>Executive Director</u>				c. Telephone Number (give area code): <u>415-456-3469</u>	
d. Signature of Authorized Representative: <u>[Signature]</u>				e. Date Signed	

Previous Edition Usable
Authorized for Local ReproductionStandard Form 424 (Rev. 9-2003)
Prescribed by OMB Circular A-102

APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED June 28, 2004	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier F-4-D
5. APPLICANT INFORMATION Am. #22			
Legal Name: STATE OF CALIFORNIA		Organizational Unit: Department of Fish and Game	
Address (give city, county, state and zip code): Dept. of Fish & Game - Fisheries Programs Branch 1812 Ninth Street Sacramento, CA 95814		Name and telephone number of the person to be contacted on matters involving this application (give area code): Carolyn Murata (916) 445-3559	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567		7. TYPE OF APPLICANT: (enter appropriate letter: A): A. State H. Independent School Dist. B. County I. State Controlled Institution C. Municipal of Higher Learning D. Township J. Private University E. Interstate L. Individual F. Intramunicipal M. Profit Organization G. Special District N. Other (Specify)	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify):			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-605 TITLE: Sport Fish Restoration Act		9. NAME OF FEDERAL AGENCY: U.S. Department of the Interior U.S. Fish and Wildlife Service	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Statewide		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Stream and Lake Improvement This Amendment #22 extends the Grant Proposal for an additional five years. Project Statements attached.	
13. PROPOSED PROJECT: Start Date: 07/01/04 Ending Date: 06/30/09		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3 b. Project 99	
15. ESTIMATED FUNDING: a. Federal \$9,429,719 b. Applicant c. State \$3,143,240 d. Local e. Other f. Program Income g. TOTAL \$12,572,959		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: Date: June 30, 2004 b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
		17. IS THE APPLICATION DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes", attach an explanation <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN ONLY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative Renee Renwick		b. Title: Deputy Director, Admin.	c. Telephone Number (916) 653-4633
d. Signature of Authorized Representative <i>Renee Renwick</i>		c. Date Signed 6/30/04	
Approved for the Secretary of the Interior Signature		Date	

Previous Editions Not Usable

Authorized for Legal Reproduction

Standard Form 424 (REV 4-88)
Prescribed by OMB Circular A-102

STATE CLEARING HOUSE

OMB Approval No. 0348-0043

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED June 29, 2004	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier F-51-R
5. APPLICANT INFORMATION Amendment #36			
Legal Name: STATE OF CALIFORNIA		Organizational Unit: Department of Fish and Game	
Address (give city, county, state and zip code): Dept. of Fish & Game - Fisheries Programs Branch 1812 Ninth Street Sacramento, CA 95814		Name and telephone number of the person to be contacted on matters involving this application (give area code): Carolyn Murata (916) 445-3559	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567		7. TYPE OF APPLICANT: (enter appropriate letter: <u>A</u>): A. State H. Independent School Dist. B. County I. State Controlled Instruction C. Municipal of Higher Learning D. Township J. Private University E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify)	
B. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input checked="" type="checkbox"/> A <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify):			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-605 TITLE: Sport Fish Restoration Act		9. NAME OF FEDERAL AGENCY: U.S. Department of the Interior U.S. Fish and Wildlife Service	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Statewide - California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Inland & Anadromous Sport Fish Mgmt. & Research. Amendment #36 adds 2 new projects and costs to this Grant Proposal. New project statements are attached.	
13. PROPOSED PROJECT: Start Date: 07/01/03 Ending Date: 06/30/08		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3 b. Project Statewide (99)	
15. ESTIMATED FUNDING: a. Federal \$23,531,512 b. Applicant c. State \$7,843,837 d. Local e. Other f. Program Income g. TOTAL \$31,375,349		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: Date: <u>June 30, 2004</u> b. NO. PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
		17. IS THE APPLICATION DELINQUENT ON ANY FEDERAL DEBT? Yes If "Yes", attach an explanation <u>X</u> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative Renee Renwick		b. Title: Deputy Director, Admin.	c. Telephone Number (916) 653-4633
d. Signature of Authorized Representative <i>Renee Renwick</i>		e. Date Signed 6/30/04	
Approved for the Secretary of the Interior Signature		Title: JUN 30 2004	Date

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Standard Form 424 (REV 4-88)

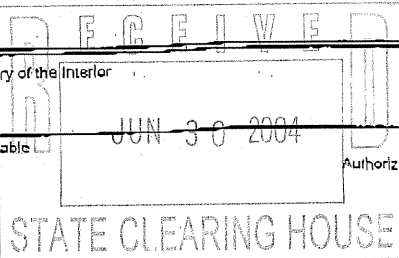
Prescribed by OMB Circular A-102

STATE CLEARING HOUSE

OMB Approval No. 0348-0043

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED June 28, 2004	Applicant Identifier	
		3. DATE RECEIVED BY STATE	State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier F-114-D	
5. APPLICANT INFORMATION Legal Name: STATE OF CALIFORNIA Address (give city, county, state and zip code): Dept. of Fish & Game - Fisheries Programs Branch 1812 Ninth Street Sacramento, CA 95814 Employer Identification Number (EIN): 94-1697567 8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify): 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-605 TITLE: Sport Fish Restoration Act 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Statewide				Organizational Unit: Department of Fish and Game Name and telephone number of the person to be contacted on matters involving this application (give area code): Carolyn Murata (916) 445-3559 7. TYPE OF APPLICANT: (enter appropriate letter: A): A. State H. Independent School Dist. B. County I. State Controlled Institution C. Municipal of Higher Learning D. Township J. Private University E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) 9. NAME OF FEDERAL AGENCY: U.S. Department of the Interior U.S. Fish and Wildlife Service 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Fish Hatchery Operations. This Amendment #1 extends the Grant Proposal for additional five years. Project statements attached.
13. PROPOSED PROJECT: Start Date: 07/01/04 Ending Date: 06/30/09		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3 b. Project 99		
15. ESTIMATED FUNDING: a. Federal \$11,358,000 b. Applicant c. State \$3,786,000 d. Local e. Other f. Program Income g. TOTAL \$15,144,000		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: Date: <u>June 30, 2004</u> b. NO, PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 17. IS THE APPLICATION DELINQUENT ON ANY FEDERAL DEBT? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", attach an explanation		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Typed Name of Authorized Representative Renee Renwick		b. Title: Deputy Director, Admin.	c. Telephone Number (916) 653-4633	
d. Signature of Authorized Representative		e. Date Signed		
Approved for the Secretary of the Interior Signature Previous Editions Not Usable		f. Title:	g. Date	



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Standard Form 424 (REV 4-88)
Prescribed by OMB Circular A-102

Standard Face Sheet

Application for Federal
Education AssistanceU.S. Department of Education
Form Approved
OMB No. 1875-0106
Exp.

Applicant Information

1. Name and Address

Legal Name: Casa de Amistad
Address: 120 Stevens Ave.Solana Beach
City

2. Applicant's D-U-N-S Number

149974318

3. Applicant's T-I-N

260016331

4. Catalog of Federal Domestic Assistance #:

84 184B

5. Project Director: Marianne WooAddress: 4604 Torantella LnSan Diego
CityCA
State92130 -
ZIP Code + 4

Tel. #: (858) 509-9192

Fax #: () =

E-Mail Address: m_woo@hotmail.com

Organizational Unit

San Diego
County92075 -
ZIP Code + 4

6. Novice Applicant Yes

Title: Mentoring Programs7. Is the applicant delinquent on any Federal debt? No
(if "Yes," attach an explanation.)8. Type of Applicant (Enter appropriate letter in the box.) ☒ I

- A State
B Local
C Special District
D Indian Tribe
E Individual
F Independent School District
G Public College or University
H Non-Profit College or University
I Non-Profit Organization
J Private, Profit-Making Organization
K Other (Specify):

Application Information

9. Type of Submission:

--Application

Non-Construction

JUN 30 2004

STATE CLEARING HOUSE

10. Is application subject to review by Executive Order 12372 process?

Yes (Date made available to the Executive Order 12372
process for review): 06/28/200412. Are any research activities involving human subjects planned
at any time during the proposed project period? No (Go to item
13.)12a. Are all the research activities proposed designated to be
exempt from the regulations? No

Yes (Provide Exemption(s)#):

No (Provide Assurance #, if available):

N/A

13. Descriptive Title of Applicant's Project:
Study Companions Expansion Mentoring Program

11. Proposed Project Dates:

Start Date:	End Date:
07/01/2005	06/30/2008

Estimated Funding

14a. Federal	\$	390,000	.00
b. Applicant	\$	150,000	.00
c. State	\$	0	.00
d. Local	\$	0	.00
e. Other	\$	0	.00
f. Program Income	\$	0	.00
g. TOTAL	\$	540,000	.00

REV. 11/12/99

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/
application are true and correct. The document has been duly
authorized by the governing body of the applicant and the applicant
will comply with the attached assurances if the assistance is awarded.

a. Typed Name of Authorized Representative

MARIANNE WOO

b. Title

INTERIM PROGRAM DIRECTOR

c. Tel. #: 858 5099192 Fax #:

d. E-Mail Address: M_WOO@hotmail.com

e. Signature of Authorized Representative

Marianne Woo

EO 424